



Payment Method

Date: ___/___/2020

Golf Plan:

Individual*	_____	With Cart Plan	_____
Family (2)*	_____	With Cart Plan	_____
Full Family (3+)*	_____	With Cart Plan	_____
Junior (Ages 5 -16)*	_____		

*See attached schedule of Membership Plans

1 Payment upfront	_____
2 Payments of 40% & then in May an additional 60%	_____
12 Monthly Payments	_____

Cash: \$ _____ Check: \$ _____ No. _____

Credit Card: _____ Exp: ___/_____
3 digit Code _____
Visa: ___ MC: ___ Amex: ___ Discover: ___ Other: _____

___ I hereby authorize Greensboro National Golf Club to charge my credit card on the 1st of each month for any and all charges I incur for dues and/or member account charges.

Primary Member

By: _____ Date: _____

Greensboro National Golf Club, LLC

By: _____ Date: _____