



Membership Application

Please Print

Name _____ Date of Birth _____

Spouse _____ Date of Birth _____

Local Mailing Address _____

Email Address _____

Spouse Email Address _____

Occupation _____

Business Name _____

Business Address _____

Business Phone _____ Cell Phone _____ Spouse Cell Phone _____

Names & Dates of birth for dependent children* _____

The Membership year for Etowah Valley Golf Club is contracted from January 1st-December 31st of each year. The undersigned has made this application with a complete understanding of the terms, conditions and privileges of membership printed in the rules and regulations of the Etowah Valley Golf Club. _____ (initial here)

Type of Membership _____ (i.e.: Family, Individual etc.) Date _____

Signature of applicant _____ Spouse _____

I understand this is a financial contract. _____ (initial here)

Pool Memberships are May through September. (As weather permits)

NOTE: Payments will be processed between the tenth (10) day and the fifteenth (15) day of the month. New memberships will be charged for the current month and the following month. Dues must be paid upfront or in advance to ensure seamless membership access and benefits.