

# Application for Membership

Type of Membership Applied for: Please check one.

**Eagle Membership**      Monthly Dues  \$165      Annual Pre-paid  \$1850  
\$900 Initiation Fee       Split over three months.

**Double Eagle Membership**      Monthly Dues  \$195      Annual Prepaid  \$2140  
\$1350 Initiation Fee       Split over three months.

**Annual**  
Monthly Dues  Individual \$90      Annual Prepaid  \$1000 Individual  
Monthly Dues  \$125 Family      Annual Prepaid  \$1400 Family

**Annual Senior** (Monday - Friday)  
Monthly Dues  Individual \$110      Annual Prepaid  \$1220 Individual  
Monthly Dues  \$150 Family      Annual Prepaid  \$1670 Family

**Non-Resident Individual**      Monthly Dues  \$85    30-90 Miles      Monthly Dues  \$50    90 + Miles

*\*Monthly option requires that there be a valid credit card on file for payment of monthly dues and charges.*

Primary Member \_\_\_\_\_ Date of Birth \_\_\_\_\_

*If Family Membership, Please List All Family Members Names and Birth Dates.*

Secondary Members \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Authorization (Please choose one.)

I agree to the terms and conditions of Membership and hereby authorize Club Management, LLC to charge the following credit card account for any dues, fees and charges associated with this Membership for a minimum of the initial 12 month term (*subject to rates included in Membership Opportunities effective April 1, 2024*) and understand if payment is denied two times over a six month period due to NSF, my membership will be suspended and I will be required to pay the balance of the year in full to continue membership privileges. Upon completion of the year, I may return to monthly privileges.

I agree to the terms and conditions of Membership and hereby pay Kirkwood National Golf Club the Annual Prepaid fee

**After the initial 12 month term, 30 days written notice is required to cancel membership.**

Name on Card \_\_\_\_\_

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ SIC Code \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Effective \_\_\_\_\_