

Application for Membership

Type of Membership Applied for: Please check one.

Eagle Membership

Monthly Dues
 \$150

Annual Pre-paid
 \$1700

Double Eagle Membership

Monthly Dues
 \$180

Annual Prepaid
 \$2050

Annual

Monthly Dues
 Individual \$85 \$115 Family

Annual Prepaid
 \$945 Individual \$1350 Family

Annual Senior (Monday - Friday)

Monthly Dues
 Individual \$100 \$140 Family

Annual Prepaid
 \$1100 Individual \$1500 Family

**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 December 16, 2021*) 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, 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 _____