

Membership Application

Renewing member

New member

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone No. _____

E-mail Address _____

Fill in for Family Membership Only

Spouse (if applicable) _____

Dependents 25 years of age and under, living at home (if applicable):

(1) _____ (2) _____

(3) _____ (4) _____

Select one of the following Memberships:

Resort Member Complimentary Gift Please choose one

Resort Individual \$550 Golf brunch

Resort Family (Includes member, spouse and dependents) \$800 Golf brunch

Golf Individual with cart (anytime) \$4950

Golf Individual without cart \$3600

Golf Individual Weekday with Cart (valid Sun. noon - Fri. noon) \$3600

Golf Individual Non Prime with cart (valid Mon-Thurs after 1 pm) \$2100

Golf Family with cart (anytime) \$7100

Golf Family without cart (Includes member, spouse & IRS dependents) \$5100

Golf Family Weekday with Cart (Valid Sun. noon - Fri. noon) \$5100

Golf Family Non prime with cart (Valid Mon -Thurs after 1 pm) \$3100

Loyalty Club 50 Member \$4100 Loyalty Club 100 Member \$7600

NOTE: All memberships expire 3/31/11 - Prorating is unavailable. No refunds for cancellations

Additional Amenities:

\$30 Annual Handicap Registration (Included in Golf Individual and Golf Family Memberships)

Renewal New

\$395 Golf Practice Range Annual Pass (Included in Golf Individual and Golf Family Memberships)

Please charge my: Credit Card Check Enclosed

(must pay by cash, check or credit card for early bird special)

Credit Card number on file for on-line tee times/ no-shows/cancellations:

CC# _____ CCV# _____ Exp. Date _____

Authorized Signature _____

I authorize Eagle Ridge Resort & Spa to charge my credit card for the membership plan(s) above and/or in the unlikely event that I "no-show" or fail to cancel a tee time that has been reserved under my name.

Mail to: Eagle Ridge Resort & Spa, Administrative Office, Box 777, Galena IL 61036 or Fax to 815-777-4861