

Date: _____

Stonehouse Golf Club



Range Membership



Application From

First Name	Last Name	Middle Initial
Street Name	City	State
Zip Code	Cell Phone #	
Credit Card Type	Credit Card #	Expiration
Visa - MC - Discover - AMEX		
Security Code	Email:	
Signature	Date	
Printed Name Above		

By signing above you agree to pay monthly range fees on the 1st of every month.

Payments will be auto-billed.

If you wish to cancel at any time, you must give 30 days notice.