



To the Board of Directors of Sky Valley Club Inc.,

I, _____, desire to become a member of Sky Valley Club, Inc., I agree to pay all applicable fees for my membership, to accept, abide, and be governed by the Charter, By-Laws, and agree to abide by the Rules and Regulations of Sky Valley Club, Inc.

Name: _____	Date of Birth: _____	
Billing Address: _____		
City: _____	State: _____	Zip Code: _____
In-Season Address: _____		
City: _____	State: _____	Zip Code: _____
Name of Spouse: _____		
Name of Dependent(s): _____		

Email Address for Billing: _____		
Email Address(es) for Newsletters & Updates: _____		

Home Phone: _____	Cell Phone: _____	
Other Phone(s): _____		

Type of Membership			
Founder Membership _____	Non-Founder Membership _____		
Social Membership: Individual _____	Family _____	Add Golf Simulator _____	
Golf Membership: Individual _____	Family _____	Add Unlimited Cart _____	
Croquet Membership _____			

Applicant's Signature: _____ **Date:** _____

Accepted by Sky Valley Club, Inc.

Name: _____ Title: _____ Date: _____

Please return this application to the Business Office located in the Pro Shop.
Please make checks payable to Sky Valley Club, Inc.