



**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): _____<br>_____                        |                      |                 |
| Email Address for Billing: _____                            |                      |                 |
| Email Address(es) for Newsletters & Updates: _____<br>_____ |                      |                 |
| Home Phone: _____   | Cell Phone: _____    |                 |
| Other Phone(s): _____                                       |                      |                 |

|                           |                   |              |                          |
|---------------------------|-------------------|--------------|--------------------------|
| <b>Type of Membership</b> |                   |              |                          |
| Founder Membership _____  | Non-Founder _____ |              |                          |
| Social Membership:        | Individual _____  | Family _____ |                          |
| Golf Membership:          | Individual _____  | Family _____ | Add Unlimited Cart _____ |

**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.