



# NorthStar Golf Club

*A stellar club with a signature course*

## Youth Golf Membership 20 years and under OR full-time college student

NorthStar Membership # \_\_\_\_\_

Applicant/Primary or Designee:

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Annual Rate: \$600 (March through November)

Payment Plan: \$75/month for 8 months

I elect to pay: Annual fee in full \_\_\_\_\_ Monthly fee with a credit card \_\_\_\_\_

**Golf Privileges:**

- Advance tee time reservations (14 days)
- Tee times are restricted to weekends and holidays after 12:00 noon and anytime on weekdays
- Discounted guest rate
- Walking privileges anytime at no additional charge
- Golf shop merchandise discount of 10%
- Online web booking privileges
- Annual bag storage available (optional)
- Ghin handicap service available (optional)
- Range Fee - \$100 (optional)

Must be at least 16 years of age and have a valid Ohio drivers license to rent a golf cart.

Cancellation fee:

If membership is canceled before November terms expires (if on monthly payment plan), credit card on file will be charged for monthly dues remaining for term.

All applications for youth golf membership are subject to management approval. By signing below I agree to the terms stated above as well as the policies and procedures outlined in the member handbook.

Agreed: \_\_\_\_\_, 20\_\_\_\_

NorthStar Golf Club

\_\_\_\_\_  
Primary Member's Signature

\_\_\_\_\_  
Bill Gallant, General Manager

\_\_\_\_\_  
Parent's or Guardian's Signature if youth is under 18 years of age



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## Youth Golf Membership (cont'd.)

NorthStar Membership # \_\_\_\_\_

Welcome to NorthStar Golf Club

How did you hear about us? \_\_\_\_\_

Friends or associates interested in joining NorthStar \_\_\_\_\_

Applicant/Primary Member:

Full Name \_\_\_\_\_

Residence:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Primary Member's Employment Information:

Name of Business \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Credit Reference:

Bank Name / Phone Number \_\_\_\_\_

Credit card charge authorization: *(must be 18 years or older)*

Do you want NorthStar to deduct your monthly dues and charges from your credit card? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you have answered Yes, please complete the following:

Credit card type: Visa \_\_\_\_\_ MC \_\_\_\_\_ AX \_\_\_\_\_ Discover \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit card number: \_\_\_\_\_ Security code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_