

FOREST HILLS MEMBERSHIP APPLICATION



Please review and complete the following information where applicable.

Name _____ Phone _____

Address _____ Cell _____

_____ Email _____

Spouse _____

Children _____ DOB _____

_____ DOB _____

_____ DOB _____

Type of Membership (circle one) FAMILY SINGLE

Please check your type of payment _____ Single payment in full

_____ *Two payment plan August 1 & January 1

_____ *Monthly beginning August 1 (For current members with monthly automatic withdrawals, payments will continue to be deducted. New monthly members, please supply voided check for checking withdrawals or VISA / MasterCard information for credit card withdrawals.

Credit Card # _____

Expiration _____

ANNUAL CART FEES (Optional)

Annual Cart Fee \$450.00 (Single) _____

 \$850.00 (Family) _____

Handicap Service \$20.00 (per golfer) _____

Membership payment other than monthly _____

TOTAL AMOUNT REMITTED (due August 1) _____

Payment and application may be submitted to: Forest Hills Country Club, 791 Fourth Avenue, Middletown, OH 45044 or remit at the Gazebo / Pro Shop.

*By agreeing to monthly payments, I understand that my initial commitment is for 12 equal payments for one year. In choosing the Two Payment Plan, I agree to make the two designated payments by the assigned dates. I may terminate my membership only with a 30 day written notice after that time.

Signature _____

Date _____