

SEBRING GOLF CLUB
MEMBERSHIP APPLICATION AND FEES

Name: _____ **Spouse:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

I hereby apply for membership at Sebring Golf Club in the category of membership indicated below and agree to pay the club the required membership fee. I understand that my membership is non-transferable or refundable and agree to abide by the rules set forth by the club.

Signature

Date

How would you prefer membership billing: Email Mail

Annual Membership – Club Cart

Single: \$3,500

Couple: \$4,600

Annual Membership – Own Cart

Single: \$3,000

Couple: \$4,100

6 Month Seasonal Membership

Single: \$2,500

Couple: \$3,500

Under 18 & Full Time Student: \$200

Cart Shed (annual members only): \$600

Prices do not include tax