

Today's date: _____

Grey Hawk Golf Club

Annual Membership Registration Form

Name(s)

Company

Company Address

City State Zip

Phone Number Fax Number email

Home Address

City State Zip

Home Phone Number Fax Number email

<p>Membership Purchased: _____</p> <p>Amount: \$ _____</p> <p>Season Year: _____</p> <p>Credit Card or Check Number: _____</p> <p>Expiration Date: _____</p> <p>Name of Cardholder: _____</p> <p>Signature: _____</p>

Please fill out the information above and mail to:

Grey Hawk Golf Club ~ 665 U.S. Grant St. ~ P.O. Box 263 ~ Lagrange, Ohio ~ 44050
www.greyhawkgolf.com

When checking in at the golf course for the first time, please have this registration form with you.

<p>Office Use: Authorized by: _____ Date: _____</p> <p>Receipt Number: _____ Payment: Credit Card or Check</p>
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