

APPLE CREEK COUNTRY CLUB, INC.

P.O. Box 1611, Bismarck, ND 58502, 701-258-5234

2010 Member Update Form

Primary Member Name _____ Birth Date _____

Spouse Name _____ Birth Date _____

Address _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Additional Phone: _____ Spouse's Cell: _____ Spouses Email: _____

Employer _____ Business Phone _____

Business Address _____ Zip Code _____

Children under age of 21 (under 24 if currently enrolled in school)

1) _____ Birth Date _____ 2) _____ Birth Date _____

3) _____ Birth Date _____ 4) _____ Birth Date _____

By signing this form I/we agree to abide by the policies and procedures as set forth by the company. I/we also agree to pay the dues in their entirety whether or not we decide to resign during the year.

Signature: _____

Date: _____

Membership Classifications	2010 Membership Dues	
	Annual	Monthly
Resident Golf	\$ 2,520.00	\$ 210.00
Single Resident Golf/Family Social	\$ 2,010.00	\$ 167.50
Single Resident Golf/No Dependents	\$ 1,704.00	\$ 142.00
Pre-Resident Family Golf (age 22-39)	\$ 1,500.00	\$ 125.00
Pre-Resident Single Golf (age 22-39)	\$ 1,260.00	\$ 105.00
Corporate Golf (5 minimum)	\$ 2,142.00	n/a
Non-Resident (55 mls outside Bismarck)	\$ 510.00	n/a
Social / Pool (\$600.00 spending min.)	\$ 100.00	n/a

*All fees include ND State Sales Tax where applicable.

****PLEASE CHECK ONE****

**Would you like to join the Ladies Association?
Annual Dues = \$25.00**

yes no

**For more information about the Ladies Association
please call Candy at 667-1980.**

Billing Information

Membership Classification: _____

Please bill my Membership Dues: ANNUALLY / MONTHLY (circle one)

Additional Fees / Services (please check all that apply)

Annual Locker Fee: _____ Men's Full (\$75.00) _____ Ladies Foot Locker (\$25.00)
 _____ Ladies Half (\$50.00) _____ Couple (\$135.00)
 Annual Bag Storage Fee: _____ Single (\$75.00) Cart Fees: _____ Private Cart Pass (\$650.00)
 _____ Annual Cart Pass (\$800.00)

*All annual fees will be billed April 1, 2010

Where would you like your statements sent? home business

Would you like your information included in the ACCC Member Directory? yes no

Credit Card Option (must be completed each year)

Please bill all charges to my credit card: VISA / MC / AMEX (circle one)

Credit Card Number _____ Expiration Date _____

Signature _____ Date _____