



The Board of Directors and staff would like to welcome you to the 2018 golf season. Please review and select your preferred membership level and return this form with your payment. (Please make checks payable to **Alpine Meadows Golf Association (AMGC)** and mail to PO Box 238 Enterprise, OR 97828). **Members with cart sheds must be paid by April 1st to ensure you renew your space.** If you are not going to renew please notify us as soon as possible so that we can issue the space to the next person on the waiting list.

This year the Board of Directors is offering a ***A NEW MEMBER INTRODUCTORY OFFER OF \$100 OFF!*** *This offer is applicable to Family and Single Memberships. The definition for a new member is a person and/or family who has not been a member of AMGC for a minimum of 2 years or longer. Current members that introduces a person who becomes a new member will be available for a \$50 discount on the next years membership dues!*

MEMBERSHIP DEFINITIONS

Family Membership is two adults and their dependent children ages 22 or younger that are living at home or are a full time student.

Single Membership is single individual age 18 or older that does not qualify for a Student membership.

Student Membership is a full time student 14 and up to 22 years of age and is a resident of Wallowa County and who is not already included in another person's membership.

Youth Membership is a youth who is 13 years and younger and is a resident of Wallowa County and who is not already included in another persons membership.

2018 FEES			
Fee Breakdown	Check Which Apply	Fee	Amount Paid
Family Membership		\$700	
*New Family Membership		\$600	
Single Membership		\$475	
*New Single Membership		\$375	
Student Membership		\$125	
Youth Membership		\$50	
Handicap Fee (per person)		\$38	
Cart Shed Rental & Trail Fee		\$200	
Trail Fee Only (no cart shed)		\$25	
Personal Donation			
Total			

To ensure you receive e-mails and mailings from AMGC, Please include your name, address, e-mail and contact phone number.

Name: _____

EMAIL _____

Address: _____

City, State, & ZIP _____