

**SYCAMORE HILLS
GOLF CLUB**  **2025 Membership**

Date: _____

Member Information

Member Name _____ Cell Phone _____

Email _____

Spouse Name _____ Cell Phone _____

Additional Names (if applicable) _____

Address _____

Membership Rate with or without Cart..... \$ _____

Add Spouse Rate with or without Cart \$ _____

Add -On Rate.....\$ _____

Locker Reservation.....\$ _____

Handicapping Fee.....\$ _____

Subtotal.....\$ _____

Discounts: _____

Add Sales Tax 7.25%.....\$ _____

Total.....\$ _____