

The Highlands

G O L F C L U B

2010 Range Membership Application

Applicant Name:		Date of Birth:
Address:		
City:		Postal Code:
Home Phone: ()	Email address:	
Mother's Name:	Daytime Phone: ()	
Father's Name:	Daytime Phone: ()	
Membership Type: Range	Fee + TAX = Total \$250	
Applicant's Signature:		Date: