

The Ridge Membership Form

{ Primary Member

Name of Business _____

Name _____ DOB: _ / _ / _ _

Address _____

City _____ State _____ Zip _____

Primary Phone _____

Alternate Phone _____

Email _____

Drink Preference _____ Shirt Sz _____

Signature _____ Date _____

***NOTE:** All alcoholic beverages **MUST** be bought from The Ridge Golf & Gardens LLC. **NO alcohol can be brought onto the premises.** This is STATE LAW, no EXCEPTIONS.*

{ Membership

Check box | Amount

Corporate _____

Full _____

WD _____

Senior Full _____

Senior WD _____

Family Full _____

Junior WD _____

Yearly Cart _____

Trail Fee _____

{ Additional Member

with Family Full (2) or Family Full (4 max)
Complete for each household resident

Name _____ DOB: _ / _ / _ _

Address _____

City _____ State _____ Zip _____

Primary Phone _____

Alternate Phone _____

Email _____

Drink Preference _____ Shirt Sz _____

Signature _____ Date _____

Completed by Ridge Staff

{ The Ridge

Total Cost _____

Discount _____

Discount _____

AMT \$ due _____

Pmt Type _____

Check # _____

Staff _____

Date Pd _____

