

2010 LE SUEUR COUNTRY CLUB NEW MEMBERSHIP APPLICATION FORM

Membership Category (Check One)

- _____ Two Memberships for \$1,750 (\$1870.31 with tax - \$935.16 each)
_____ Four Memberships for \$3,200 (\$3,420.00 with tax - \$855.00 each)
_____ Eight Memberships for \$5,900 (\$6305.63 with tax - \$788.20 each)

MEMBERSHIP INFORMATION

Membership #1

Name: _____
Spouse: _____
Children's Names & Ages (If applicable)

Address: _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____

Membership #2

Name: _____
Spouse: _____
Children's Names & Ages (If applicable)

Address: _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____

Membership #3

Name: _____
Spouse: _____
Children's Names & Ages (If applicable)

Address: _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____

Membership #4

Name: _____
Spouse: _____
Children's Names & Ages (If applicable)

Address: _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____

Membership #5

Name: _____
Spouse: _____
Children's Names & Ages (If applicable)

Address: _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____

Membership #6

Name: _____
Spouse: _____
Children's Names & Ages (If applicable)

Address: _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____

Membership #7

Name: _____
Spouse: _____
Children's Names & Ages (If applicable)

Address: _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____

Membership #8

Name: _____
Spouse: _____
Children's Names & Ages (If applicable)

Address: _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____

Enclosed Please Find a Check for \$ _____

Please Charge My Credit Card # _____ Exp. Date: _____
(LSCC Accepts Master Card or Visa Only)

Send Payments To: Le Sueur Country Club
Attn: Jerry Carpenter
PO Box 163
Le Sueur, MN 56058

If any questions, call Jerry at (507) 665-6292