



MAJESTIC FAMILY MEMBERSHIP APPLICATION

Must be same address

**Includes children under 18 years of age
October 1, 2019 – September 30, 2020**

Name: _____ Spouse: _____
 Florida Address: _____ City, Zip Code: _____
 Phone: _____ E-Mail: _____
 North Address: _____ City, Zip Code: _____
 Phone: _____ FL Arrival / Departure Dates: _____

I certify the cited information I have provided in this application is complete and correct. I have read and fully understand Majestic Membership Rights and Obligations inclusive of Majestic sole right to at anytime during the membership to alter, cancel or modify the terms of the memberships (*included with this application*) and I agree to abide by these obligations as well as any other policies & procedures established by their respective management regarding Majestic Membership and the use of the Majestic Golf Club facilities, I also understand and agree that the Majestic Golf Club Management may cancel or modify the Majestic Membership and if applicable will refund/prorate any membership fees. I understand that my Membership may be suspended or terminated for violation of these obligations or policies at the sole discretion of Majestic Golf Club management. I also agree to meet all financial obligations toward my Membership and understand that my Membership may be suspended or terminated if I fail to meet these financial obligations.

Signed

Date

PAYMENT PLAN

Family Membership If paid by July 31, 2019	Family Membership If paid after July 31, 2019
\$3400 + \$221 tax = \$3621	\$3600 + \$234 tax = \$3834

Cart fees & driving range included

***ALL MEMBERSHIPS EXPIRE ON SEPTEMBER 30, 2020**

Early payment savings apply only to payments made by the appointed Date.

Membership Price _____	Tax (6.5%) _____	= TOTAL _____
TOTAL AMOUNT PAID _____		
PAID BY: Cash _____	Check # _____	MC/Visa _____ AMEX _____ Discover _____
Credit Card Number: _____	Expiration Date: _____	
Please make checks payable to: "Majestic Golf Club"		

Please Mail / Return Application and Payment to:

*Majestic Golf Club, Attn: Membership Director, 350 Homestead Rd. S., Lehigh Acres, FL 33936
 Any questions, please call 239-560-5028 or email MGCMembers2020@gmail.com*