

**DEPARTMENT OF PARKS AND RECREATION
LINCOLN CITY GOLF COURSES
ANNUAL GOLF MEMBERSHIP APPLICATION**
golf.lincoln.ne.gov

Name _____
(please print)

Address _____

Zip _____ **Phone** _____ **e-mail** _____

Date of Birth ____/____/____ **Drivers License #** _____

We respect and protect your privacy. The information that you provide will only be used to help us continue to improve the services that we provide. Your contact information and comments will not be shared or distributed to anyone outside the Lincoln City Golf Administration.

I understand there may be a fuel surcharge initiated that may effect the price of my green fee with this membership. For more information, visit the web address on the back of your membership card or look in the golf brochure.

Signature of Applicant _____

(For Course Staff Use)

Golf Course _____ **Date** ____/____/____

Membership Type:

Adult Unlimited Adult Limited Adult Passport Teen Unlimited Junior Unlimited Loyalty
Senior Unlimited Senior Limited Senior Passport Cart Membership Renewal Replacement

Trans # _____ **Received \$** _____

Payment Type: Cash Check Credit Card Other _____

Payment Plan: Yes No (2nd Payment Due May 1st, Final Payment Due July 1st)
Payment plan is only available December through March of each golf season

Staff Personnel _____
(please print)

Card Number Issued _____

Please initial when completed;

_____ **Print card number on this form**

_____ **Membership card matches membership type**

_____ **Print name and date of purchase on card**

_____ **Laminate card**

_____ **Faxed this application to 441-3861**
