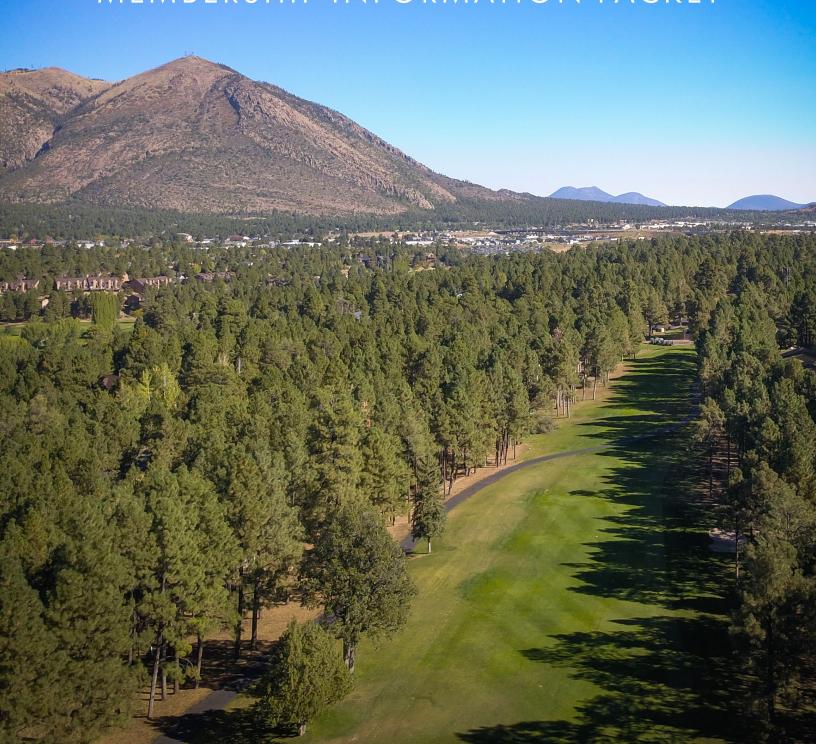


MEMBERSHIP INFORMATION PACKET





Dear Golfing Enthusiast,

Enclosed is a membership packet with informational materials regarding membership in the Flagstaff Golf Association, DBA Aspen Valley Golf Club.

Our Golf Club is an active club with a wide variety of social and competitive events to enhance your golf interests. We are an 18-holechampionship course in a beautiful mountain setting. Our course has been regularly maintained and recently upgraded, including our short game practice area. Our wonderful Head Golf Professional and his staff are always ready to assist you with improving your game or outfitting your golfing needs from clubs to clothing in our well designed and stocked Pro Shop.

The Full Regular Membership is currently being sold using a Market Based Pricing Program. Please contact the Club for more information.

Our annual playing dues are \$4,617 for a Family Membership and \$3,451 for a Single Membership. There is also an annual food and beverage minimum of \$300 per Golf Season (April 1 to October 31).

Thank you for your interest in our Golf Club! Our Board of Directors and staff are committed to continuing to make Aspen Valley Golf Club the best value in Arizona. More information can be found by visiting our website at aspenvalleygolf.com. We welcome you to contact us with questions at any time using the contact information below.

Ivy Sampson | 928.527.4653, Ext. 3 General Manager

Shawn McCarthy | 928.527.4653, Ext. 5 Head Golf Professional

Sincerely yours,

## John Harrington

Membership Chairman Flagstaff Golf Association



Each application must be accompanied by a check for the purchase price of the Membership Payable to: Flagstaff Golf Association

## FLAGSTAFF GOLF ASSOCIATION DBA ASPEN VALLEY GOLF CLUB

1855 N. Continental Drive, Flagstaff, AZ 86004 | 928.527.4653

## PROPOSAL AND APPLICATION FOR MEMBERSHIP

To the Membership Committee, I/We he	reby apply for Membership in the F	lagstaff Golf Association:	
Print or type full name of applicant(s):			_
Phone:	Email Address:		_
•	are personally acquainted with the c	is application must provide the names of at least applicant(s). These two Members will offer their	
Current Member Proposer:			
	PRINT NAME	SIGNATURE REQUIRED	
Current Member Seconder:	PRINT NAME	SIGNATURE REQUIRED	
Please check one: □ Single □ Family			
Please check one: □ Full □ Associa	ate		
I am interested in:   Weekly Men's Gro	up 🗆 Weekly Women's Group		
•	Date of Birth:		
Name of Spouse: Date of Bir			
Unmarried children under 25 living at ho	ome:		
Name:	Date of Birth:	School/College:	
Name:	Date of Birth:	School/College:	
Principal Home Address:			
	STREET	CITY/STATE/ZIP	
Secondary Home Address:	STREET	CITY/STATE/ZIP	_
Business Name/Occupption:			
Business Address:			
	STREET	CITY/STATE/ZIP	

Have you been a Memb	per of Aspen Valley Golf Clu	b in the past? □ Yes □ No		
Please indicate if you ar clubs for a reference?	e presently a Member of othe	er Golf Clubs or have been a Memb	er in the past. May we contact these	
I hereby consent to the Association contacting any of the above named references relating to my application.  As a Member, I agree to be bound by the Articles of Incorporation, Bylaws, Rules of Play and Policies of the Association. I understand that violations of these bylaws and policies could result in revocation of my membership.  I have been given an opportunity to read and understand these documents prior to completing this application. I acknowledge that transfer of membership in Flagstaff Golf Association is limited by the Provisions of the Articles of Incorporation and Bylaws of the Association. I agree to be bound by the limitations on the transfer of my membership as set forth in the Articles of Incorporation and Bylaws of the Association.  Signature of Applicant:				
	AILING INSTRUCTIO	NS FOR STATEMENTS AN	D BULLETINS	
□ Principal Address		to:		
□ Secondary Address		to:		
□ Business Address		to:		
∟ busiliess Address	IIOIII;	10;	•	

Financial information can be obtained upon request from the FGA Business Office.