

2024

ASPEN VALLEY
GOLF CLUB



MEMBERSHIP INFORMATION PACKET



ASPEN VALLEY GOLF CLUB

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-hole championship 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 \$461.10 for a Family and \$345.10 for a Single Membership 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,

Chris Shields

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 hereby apply for Membership in the Flagstaff Golf Association:

Print or type full name of applicant(s): _____

Phone: _____ Email Address: _____

Membership in the Association shall be by invitation of the Board only. This application must provide the names of at least two Members in good standing who are personally acquainted with the applicant(s). These two Members will offer their full and unqualified endorsement of the above named applicant(s).

Current Member Proposer: _____
PRINT NAME
SIGNATURE REQUIRED

Current Member Secoder: _____
PRINT NAME
SIGNATURE REQUIRED

Please check one: Single Family

Please check one: Full Associate

I am interested in: Weekly Men's Group Weekly Women's Group

Name of Applicant: _____ Date of Birth: _____

Name of Spouse: _____ Date of Birth: _____

Unmarried children under 25 living at home:

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 Member of Aspen Valley Golf Club in the past? Yes No

Please indicate if you are presently a Member of other Golf Clubs or have been a Member in the past. May we contact these clubs for a reference?

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: _____ Date: _____

Signature of Spouse: _____ Date: _____

MAILING INSTRUCTIONS FOR STATEMENTS AND BULLETINS

I hereby request that all mail be directed as follows (indicate time period):

Principal Address from: _____ to: _____

Secondary Address from: _____ to: _____

Business Address from: _____ to: _____

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