



Lake Panorama National Golf Course

2010 SPECIAL MEMBERSHIP Application

(Eligibility for Special Membership: Must not have been a Member of LPN GC in 2009)

Name: _____

Spouse's Name: _____

Address: _____ LPA Lot #: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Business Phone #: _____

Alt Phone #: _____ Email Address: _____

Member Categories

Family Golf: Includes member, spouse, and children under 18 years of age or full time college students under the age of 23 years that qualify as dependents according to IRS guidelines. Entitles members to use of the golf course per established rules and regulations for the year.

Single Golf: Available to an individual 18 years of age and older. Entitles member to use of golf course per established rules and regulations for year.

Eligibility for SPECIAL MEMBERSHIP

Eligible if you were not a Member of Lake Panorama National Golf Course during 2009, regardless of type of membership(s).

Note: This Special Membership is only valid for the 2010 golf season. By joining under this Special Membership, you will be allowed to join in 2011 at the published rates, classifications and/or programs determined by Lake Panorama National.

Annual Dues and Fees

<u>Category</u>	<u>Annual Dues and Fees</u>	<u>Amount</u>
<input type="checkbox"/> Family Golf	\$599.00 / Year	_____
<input type="checkbox"/> Single Golf	\$399.00 / Year	_____
<input type="checkbox"/> Trail Fee / Cart	\$175.00 / Year (LPA Members only)	_____
<input type="checkbox"/> Cart Lease / Seat	\$330.00 / Year	_____
<input type="checkbox"/> Family Range	\$199.00 / Year	_____
<input type="checkbox"/> Single Range	\$149.00 / Year	_____
<input type="checkbox"/> Junior Range	\$75.00 / Year	_____
<input type="checkbox"/> Bag Storage	\$75.00 / Year	_____
<input type="checkbox"/> USGA Handicap	\$28.00 / Year	_____

Please Check Choices, Extend and Subtotal: _____

7% Sales Tax: _____

Total: _____

Final Total: _____

I WAS REFERRED BY THE FOLLOWING 2009 LPN Member:
(name): _____

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Dependent Information

Dependent's Name: _____

Birth Date: _____

Dependent's Name: _____

Birth Date: _____

Dependent's Name: _____

Birth Date: _____

Dependent's Name: _____

Birth Date: _____

Dependent's Name: _____

Birth Date: _____

Dependent's Name: _____

Birth Date: _____

Signature: _____

Date: _____