



The BOG - 2022 Golf Membership Form

Call: 262.988.1109

Mail: P.O. Box 80079, Saukville, WI 53080
E-mail: info@golfthebog.com

Date: _____

Name: _____ Title: _____

Company: _____

Billing Address of Credit Card: _____

City: _____ State: WI Zip: _____

Home Phone: _____

Business Phone: _____ Cell Phone: _____

E-mail Address: _____

GOLF MEMBERSHIP TYPE & FEES:

	Individual	Couple	Family	Tax+ 5.5%
<input type="radio"/> Gold (Ages 40 - 64)	\$ 4,200	\$ 5,100	\$ 5,700	
<input type="radio"/> Palmer (Ages 65+)	\$ 3,800	\$ 4,700	\$ 5,300	
<input type="radio"/> Executive (Ages 19-39)	\$ 3,100	\$ 3,550	\$ 3,700	
<input type="radio"/> Limited 1 (Mon-Th, Anytime. Weekends After Noon)	\$ 3,500	\$ 4,400	\$ 5,000	
<input type="radio"/> Limited 2 (Friday-Sunday Anytime)	\$ 3,500	\$ 4,400	\$ 5,000	
<input type="radio"/> Corporate (Primary + up to 3 @ \$2,200/each)	\$ 4,400	N/A; quote	N/A; quote	

OFFICE USE ONLY: Date Received: _____ Initials: _____ Total Amount Due: _____

- *Unlimited Golf, Cart & Practice Center, 30- Day Advanced Tee Times
- *Amenities Inclusive: Locker & Bag Storage; WSGA & BGA Membership, Private "Members Only" Practice Range
- *Preferred Accompanied Guest Fees: Monday - Thursday - \$65 / Friday - Sunday \$75
- *Children of Members under the age of 14, can play or practice with Parents after 5PM
- *Note: Couple & Family = Golf, Cart & (2x) Inclusive Amenities
Family = Spouse/Partner & Children under 21
- *Financing Options Available

Early Bird Membership Purchase Incentives;
Call Golf Shop for Details - 262.988.1109

Member Signature (Required): _____

(I agree to the terms, conditions, and payment of selected Membership Types & Fees)
(All membership purchases are final. Refunds of membership fees will not be permitted).

PAYMENT:

- Cash**
 - Check** made payable to The BOG
 - Credit Card** • VISA • MASTERCARD • DISCOVER • AMERICAN EXPRESS
- EZLinks
EZSuite
EZEngage

Name as it appears on Credit Card: _____

Account Number on Card: _____ **CVV 3-digit code** _____ **Exp Date** _____

Credit Card Signature: _____ **Member Charge #:** _____

(To be kept on file with the controller for Membership Charges)
*All The BOG Policies and Procedures will apply.