



# 2026 Trial Member New Membership Packet



**HOLE #10 365 YARD PAR 4**



# CROW RIVER GOLF CLUB

## 2026 TRIAL MEMBER PLAN APPLICATION

### SINGLE MEMBERSHIP RATES

Trial Membership 1-Year

### ANNUAL

\$1100 – Inclusive (No stock required)

### MONTHLY

N.A.

### OTHER OPTIONS

Single Cart

### ANNUAL

\$750

### MONTHLY

N.A.

Family Cart

\$950

N.A.

Private Cart Trail Fee B

\$650

N.A.

Single Range Pass

\$250

N.A.

Club Storage

\$100

N.A.

USGA Handicap

\$50

N.A.

Annual payment subtotal: \_\_\_\_\_

Monthly subtotal: \_\_\_\_\_

7.875% Sales Tax: \_\_\_\_\_

7.875% Sales Tax: \_\_\_\_\_

Capital Improvement Fund: Waived

Capital Improvement Monthly Waived

Monthly Admin Fee: \$5.00

Annual Total: \_\_\_\_\_

Monthly Total: \_\_\_\_\_

The undersigned hereby agrees to the terms of this new membership application. No refund of membership dues for any reason once the golf season has started for 2026. Monthly payment plan requires a credit card on file and applicant agrees to pay retro-active dues for all months in 2026 to equal twelve monthly payments for the calendar year.

Applicant Name: \_\_\_\_\_ Single: \_\_\_\_\_ Family \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION MUST INCLUDE COMPLETED NEW MEMBER PROFILE FORM**

# 2026 NEW MEMBER PROFILE FORM

(Please complete and return with your renewal so we can maintain accurate records)

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME /CELL PHONE: \_\_\_\_\_

E-MAIL (for club information): \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

Would you prefer MONTHLY STATEMENTS by: \_\_\_\_\_ E-MAIL(PREFERED) or \_\_\_\_\_ U.S. MAIL  
Email for Monthly Statements (if different from above): \_\_\_\_\_

Would you prefer AUTOMATIC PAYMENTS: \_\_\_\_\_ YES \_\_\_\_\_ NO (If YES, Complete Below)  
Monthly statement balances (previous month) + monthly membership dues (current month) will be automatically deducted on the 20th of each month by:

**Bank Account:**

Financial Institution Name: \_\_\_\_\_ Checking: \_\_\_\_\_ -or- Savings: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

- or -

**Credit Card:** Name on Card: \_\_\_\_\_ Card Type: \_\_\_\_\_

CC#: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV#: \_\_\_\_\_ Zip: \_\_\_\_\_

Please note: all credit card transactions will automatically incur a 3% service fee, please initial that you received this notice:       

Signature Authorization for Automatic Payment: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to leave a voluntary automatic gratuity on all food & beverage account charges (circle one)

No                      15%                      18%                      20%                      Other \_\_\_\_\_

-----FILL IN BELOW THIS LINE FOR ELIGIBLE FAMILY MEMBERS-----

SPOUSE LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

**SINGLE DEPENDENT CHILDREN AGE 22 AND UNDER :**

NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_

NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_

NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_

