



# 2020 MEMBERSHIP APPLICATION



## APPLICANT INFORMATION

Name:		Date of Birth:
Email:		Phone:
Current Address:		
City:	State:	ZIP Code:
Shirt Size:	Shoe Size:	Pant Size:
Glove Size:	Hat Size:	Golf Ball of Choice:

### ANNUAL MEMBERSHIP TYPE (CIRCLE SELECTIONS). SEE UNDER 35 OPTIONS ON BOTTOM OF PAGE 2.

Royal Club Residents		Lake Elmo Residents or 3M Employees & Retirees		Founding Members	
Single Membership \$3,099.00	Family Membership \$4,199.00	Single Membership \$3,199.00	Family Membership \$4,299.00	Single Membership \$3,299.00	Family Membership \$4,399.00
Annual Trail Fee (S) \$400	Annual Trail Fee (F) \$600	Annual Cart Fee (S) \$600	Annual Cart Fee (F) \$800	Annual Cart Fee (S) \$600	Annual Cart Fee (F) \$800
Annual Range (S) Included	Annual Range (F) Included	Annual Range Fee (S) \$250	Annual Range Fee (F) \$350	Annual Range Fee (S) \$250	Annual Range Fee (F) \$350
RGC Foundation Member: \$75/year per adult <i>*Includes unlimited use of the Short Course</i> _____ adult(s) x \$75 = _____		RGC Foundation Member: \$75/year per adult <i>*Includes unlimited use of the Short Course</i> _____ adult(s) x \$75 = _____		RGC Foundation Member: \$75/year per adult <i>*Includes unlimited use of the Short Course</i> _____ adult(s) x \$75 = _____	
<i>**Only residents who own their own personal golf cart are eligible for the Trail Fee.</i>		<i>**Must provide photo identification verifying residency or employment</i>		<i>**Limited to first 100 Memberships</i>	
<b>TOTAL FEES:</b>		<b>TOTAL FEES:</b>		<b>TOTAL FEES:</b>	

All of the above fees are subject to 7.125% Sales Tax

### Payment of Membership Fees:

Membership dues may be paid in full or in (4) equal payments billed 4/15, 5/15, 6/15, and 7/15.  
A minimum of \$500 non-refundable deposit applied towards your total membership fee(s) must be paid prior to April 15, 2020.

Please make all checks payable to: Royal Golf Club  
Please submit Membership Application & deposit to:  
Royal Golf Club  
11455 20<sup>th</sup> Street N  
Lake Elmo, MN 55042

## SPOUSE INFORMATION (IF APPLYING FOR FAMILY MEMBERSHIP)

Name:		Date of Birth:
Email:		Phone:
Shirt Size:	Shoe Size:	Pant Size:
Glove Size:	Hat Size:	Golf Ball of Choice:

**If applicable, please add dependent(s) information on Page 2. (Ages 21 and Under)**

## CREDIT CARD INFORMATION

Type:	Number:	Exp Date:	CVV:
Billing Zip Code:	Bill Membership Fees Quarterly: _____	Bill Membership Fees in Full: _____	Date: _____

## SIGNATURES

Applicant's Signature: \_\_\_\_\_ Spouse's Signature: \_\_\_\_\_

1 <sup>ST</sup> DEPENDENT'S INFORMATION (IF APPLYING FOR FAMILY MEMBERSHIP)		
Name:		Date of Birth:
Email:		Phone:
Shirt Size:	Shoe Size:	Pant Size:
Glove Size:	Hat Size:	Golf Ball of Choice:
2 <sup>ND</sup> DEPENDENT'S INFORMATION (IF APPLYING FOR FAMILY MEMBERSHIP)		
Name:		Date of Birth:
Email:		Phone:
Shirt Size:	Shoe Size:	Pant Size:
Glove Size:	Hat Size:	Golf Ball of Choice:
3 <sup>RD</sup> DEPENDENT'S INFORMATION (IF APPLYING FOR FAMILY MEMBERSHIP)		
Name:		Date of Birth:
Email:		Phone:
Shirt Size:	Shoe Size:	Pant Size:
Glove Size:	Hat Size:	Golf Ball of Choice:
4 <sup>TH</sup> DEPENDENT'S INFORMATION (IF APPLYING FOR FAMILY MEMBERSHIP)		
Name:		Date of Birth:
Email:		Phone:
Shirt Size:	Shoe Size:	Pant Size:
Glove Size:	Hat Size:	Golf Ball of Choice:
5 <sup>TH</sup> DEPENDENT'S INFORMATION (IF APPLYING FOR FAMILY MEMBERSHIP)		
Name:		Date of Birth:
Email:		Phone:
Shirt Size:	Shoe Size:	Pant Size:
Glove Size:	Hat Size:	Golf Ball of Choice:
6 <sup>TH</sup> DEPENDENT'S INFORMATION (IF APPLYING FOR FAMILY MEMBERSHIP)		
Name:		Date of Birth:
Email:		Phone:
Shirt Size:	Shoe Size:	Pant Size:
Glove Size:	Hat Size:	Golf Ball of Choice:

## **Under (35) Membership Options**

### **Royal Golf Club Resident**

- Single (\$2299.00)
- Family (\$3199.00)

### **3M Current/Retired Employee & Lake Elmo Residents**

- Single (\$2399.00)
- Family (\$3299.00)

### **Founding – First 100 Applicants**

- Single (\$2499.00)
- Family (\$3299.00)

