



## ANNUAL MEMBERSHIP APPLICATION

New

Renewal

Start Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Your e-mail address will be used to send special and promotional notifications. Pukalani Country Club will **not** sell, transmit, or release your e-mail address to other business entities. You have the right to opt out of our e-mail system by contacting us.

I accept the terms and conditions of the Annual Membership Club. Pukalani Country Club reserves the right to discontinue or change the terms and conditions of this agreement.

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