



SEA TRAIL.
Golf Club

**SEA TRAIL 2020 GOLF MEMBERSHIP
ENROLLMENT FORM**

Please indicate your plan selection: _____

Print Name: _____

Previous Member #: _____

**New members, please provide the following information:
(Note: Existing members, please indicate any changes, if
applicable, below)**

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email address: _____

Home phone: _____

Cell phone: _____

Applicant Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

**Forms with payments can be turned in at the Sea Trail Corporate
Accounting Office Mondays – Fridays 1:00pm – 4:00pm.**