



SEA TRAIL 2021 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:** _____



CREDIT CARD AUTHORIZATION FORM

Name (Please Print): _____

Telephone Number: _____

Circle Credit Card Type: VISA MASTERCARD AMEX DISCOVER

Amount: _____

(AN ADMIN FEE OF 3% WILL BE ADDED TO ALL CREDIT CARD CHARGES)

Credit Card Number _____

Expiration Date _____ CVV _____

Signature: _____

ALL INFORMATION MUST BE COMPLETED IN ORDER TO
PROCESS YOUR PAYMENT

PLEASE NOTE THIS FORM WILL BE KEPT IN A LOCKED SAFE AND WILL BE DESTROYED UPON SUCCESSFUL
PROCESSING OF THE CREDIT CARD PAYMENT WHICH WILL TAKE PLACE ON JANUARY 1, 2021.