



# AUGUSTINE GOLF CLUB








76 Monument Drive  
Stafford, VA 22554  
540-720-7374  
[golfaugustine.com](http://golfaugustine.com)

## MEMBERSHIP

# MEMBERSHIP

## AUGUSTINE GOLF CLUB

### MEMBER BENEFITS

-  Unlimited Green Fees, Cart Fees, and Range Balls
-  14 Day Advanced Tee Time Preferential (General public - 7 days)
-  VIP Invitations to special events offered by Management (Golf tournaments, Member Mixers, etc.)
-  Discounts in the Pro Shop
-  Complimentary USGA Handicap

### RECIPROCAL PLAY BENEFITS AT RGM CLUBS



Reciprocal Rates for Bull Run, Old Hickory, Raspberry Falls:  
Monday-Friday \$25 • Saturday, Sunday and Holidays after 11am \$35

*Reciprocal Rate for other Raspberry Golf Trail Clubs is \$25 Monday-Friday  
and at the discretion of the club professional.*



# MEMBERSHIP

## AUGUSTINE

## GOLF CLUB

### MEMBERSHIP PROGRAMS

Cart Fees and Range Included\*

#### FULL MEMBERSHIP

**Seven Days a Week, Anytime**

Individual	\$4,200	Addition of Spouse	\$2,000
Individual (quarterly payment option)	\$4,700	Addition of Dependent Child	\$600

#### WEEKDAY MEMBERSHIP

**Monday - Friday, Anytime**

Individual	\$3,200	Addition of Spouse	\$1,250
Individual (quarterly payment option)	\$3,700	Addition of Dependent Child	\$600

#### YOUNG EXECUTIVE MEMBERSHIP

**Ages 22-34, Seven Days a Week, Anytime**

Individual	\$3,500	Addition of Spouse	\$1,250
Individual (quarterly payment option)	\$4,000	Addition of Dependent Child	\$600

#### JUNIOR MEMBERSHIP

**Ages 21 and under, Monday-Friday Anytime, Sat-Sun after 12PM**

\*must have a valid driver's license to operate golf cart

Individual	\$1,500
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#### FAMILY MEMBERSHIP

**Seven Days a Week after 4PM, April-October**

Family	\$1,400
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## AUGUSTINE GOLF CLUB MEMBERSHIP APPLICATION

Check type of membership desired:

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

_____ Full Week Membership	\$4,200 Paid in Full	\$4,700 Quarterly
_____ Weekday Membership	\$3,200 Paid in Full	\$3,700 Quarterly
_____ Young Executive Membership	\$3,500 Paid in Full	\$4,000 Quarterly
_____ Junior Membership	\$1,500 Paid in Full	
_____ Family Membership	\$1,400 Paid in Full	

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Glove Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Shirts Size: \_\_\_\_\_ Normal Ball Used: \_\_\_\_\_ Shoes: \_\_\_\_\_

Favorite Shirt: \_\_\_\_\_ Favorite Clubs: \_\_\_\_\_

### Spouse/ Dependent: (If Applicable)

+ \$2,000 Spouse Full Membership Name: \_\_\_\_\_

+ \$1,250 Spouse Weekday Membership Name: \_\_\_\_\_

+ \$1,250 Spouse Young Executive Membership Name: \_\_\_\_\_

+ \$600 (per) Dependent Name: \_\_\_\_\_

+ \$600 (per) Dependent Name: \_\_\_\_\_

+ \$600 (per) Dependent Name: \_\_\_\_\_



## AUGUSTINE GOLF CLUB

### MEMBERSHIP APPLICATION

**I understand that membership is non-transferable.**

#### **Membership Fees:**

Membership fees are due in full, upon confirmation of member in accordance with the established Quarterly payment plan schedule due first week of every month.

#### **Member Conduct:**

The membership of any person hereunder may be revoked or canceled at any time by the management of inappropriate, rude, illegal or immoral conduct as determined by management. In event of cancellation, the effected member shall receive pro-rated refund of membership dues and asked to leave the club. Range Balls cannot be shared. Any person who shares range balls will lose privileges without refund.

#### **Membership:**

The membership of any person under this membership agreement is for term of one year, and commences on the date of confirmation of membership. The membership of any person under this membership agreement shall not be construed to grant such member any equity or legal ownership in Augustine Golf Club or Club's facilities. Membership may be removed from Annual membership at the sole discretion of the management. **Members who wish NOT to renew their membership must submit notice in writing 90 days in advance.**

#### **Reservation Policy:**

Members can make reservation two weeks in advance. Member must cancel reservation 24 hours in advance. **Failure to cancel a reservation is a violation of membership privileges. The first violation will result in verbal warning. Second violation will result in charge to the member credit card.** Inclement weather will not be a violation of the policy.

#### **Cancellation:**

Augustine Golf Club reserves the right to terminate this program at any time by giving notice in writing to all members 90 days prior to termination of the program, annual fee would be pro-rated for remaining months in each membership.

**As indicated by my signature below, I fully understand and agree to all terms and conditions of the membership offering list above.**

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



## AUGUSTINE GOLF CLUB MEMBERSHIP APPLICATION

Method of payment:

\_\_\_\_\_ Check enclosed for \$\_\_\_\_\_ made payable to Augustine Golf Club.

\_\_\_\_\_ Charge my Credit Card, #\_\_\_\_\_ Expiration Date \_\_\_\_\_  
CVV\_\_\_\_\_

\*Credit Card expiration date must be later then end date of contracted membership.

I hereby authorize Augustine Golf Club to charge my credit card for my membership quarterly or in full.

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