



MEMBERSHIP APPLICATION 2021

MEMBER BENEFITS

Unlimited Golf

Participation in Club Member Events

Participation in Leagues

Early Membership Payment Incentive Program

Opportunity to Run for the Board of Directors

Right to Vote at Meetings of the Members

Refer a New Member and Receive a \$25 Gift Card

Please return application and payment to:

Rocky Knolls Golf Course

PO Box 844

Custer, SD 57730

Payment can also be done online with credit card at www.rockyknollsgolfcourse.com under the member tab

MEMBER INFORMATION

Name: _____
DOB: _____ Home Phone: _____ Cell Phone: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Personal Email: _____

SPOUSE INFORMATION

Name: _____
DOB: _____ Cell Phone: _____
Personal Email: _____

ADDITIONAL FAMILY MEMBER INFORMATION

(a dependent is an unmarried child under 19 residing with the member)

| Name(s) | DOB | Relationship |
|-----------|-------|--------------|
| (1) _____ | _____ | _____ |
| (2) _____ | _____ | _____ |
| (3) _____ | _____ | _____ |
| (4) _____ | _____ | _____ |

New Member? Did someone refer you to join? If so, who? _____

Handicap/GHIN #

(see membership info for GHIN costs)

| Name(s) | GHIN # |
|-----------|--------|
| (1) _____ | _____ |
| (2) _____ | _____ |

MEMERSHIP POLICIES

I agree to conform to and be bound by this Membership Agreement, the Bylaws and the Rules & Regulations, and the membership policies of Rocky Knolls, as they may be amended from time to time. I acknowledge that membership dues are non-refundable and non-transferable.

Signature: _____ Date: _____

MEMBERSHIP CLASSIFICATIONS

*all prices include 6.5% sales tax

| | |
|--|-------|
| Level 1 Single (Ages 25-30) | \$390 |
| Level 1 Family (Ages 25-30) | \$560 |
| Level 2 Single (Ages 35+) payment received by 1/31/21 | \$585 |
| Level 2 Family (Ages 35+) payment received by 1/31/21 | \$840 |
| Level 2 Single (Ages 35+) payment received by 3/31/21 | \$620 |
| Level 2 Family (Ages 35+) payment received by 3/31/20 | \$885 |
| Level 2 Single (Ages 35+) payment received on or after 4/1/21 | \$660 |
| Level 2 Family (Ages 35+) payment received on or after 4/1/21 | \$920 |
| Single Junior (Ages 12-19) | \$ 85 |
| Young Adult (Ages 20-24) | \$285 |
| New Member Single (has not been a member for previous 2 seasons) | \$390 |
| New Member Family (has not been a member for previous 2 seasons) | \$560 |

GOLF CART OPTIONS

| | | |
|---|-------------------------|-------|
| Gas Cart Storage | Cart Stall Number _____ | \$195 |
| Electric Cart Storage | Cart Stall Number _____ | \$235 |
| Annual Trail Fee for Off Premise Carts | | \$195 |
| Annual Cart Lease (when available, member can use golf course cart) | | \$490 |

HANDICAP/GHIN

GHIN # fee \$30

Payment must be received by 2/1/21 otherwise your GHIN # will be deactivated. Reactivation will only occur when payment is received.

GHIN # are required to play in the member guest tournament and many other tournaments.

Additional Contribution To The Course Irrigation Fund Appreciated

\$ _____

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BUSINESS MEMBERSHIP

Business (available to all businesses) (all prices include a 6.5% sales tax)

Option 1 \$2,800
- Four (4) single employee memberships of unlimited golf
- Fifteen (15) rounds of (9) holes of golf to give out to anyone
- Advertising on (1) tee box, (1) club house sign, and digital advertising (you provide the signs)
- Special event pricing for corporate events

Option 2 \$1,570
- Two (2) single employee memberships of unlimited golf
- Ten (10) rounds of (9) holes of golf to give out to anyone
- Advertising on (1) tee box, (1) club house sign, and digital advertising (you provide the signs)
- Special event pricing for corporate events

*Additional single employee memberships may be purchased at \$585 each

**Proof of employment with the Business Member of each employee must be provided if/when requested by Rocky Knolls

A Business Membership shall be applied for, issued to and held in the name of a legal entity or business (the "Business Member"). The privileges of the Business Membership belongs to the Business Member, and the Business Member must designate the number of individuals specified below who will be entitled to exercise the privileges of membership (the "Employee"). All rights of ownership (i.e., transfer rights, if applicable) shall belong to and exercised by the Business Member only.

Business Name: _____

Business Address & Phone: _____

Business Email: _____

Business Member Signature: _____

Date: _____

Employee Name: _____

Employee Email: _____

Employee Name: _____

Employee Email: _____

Employee Name: _____

Employee Email: _____

Employee Name: _____

Employee Email: _____