

Bel Meadow Golf Club

Route 1 Box 458
Mount Claire WV 26408



Full Name: _____

Spouse: _____

Address: _____

Phone: (H) _____ (C) _____

- Type of Membership: _____ **Single**
_____ **Family**
_____ **Single Senior**
_____ **Senior Husband/Wife**
_____ **Corporate**
_____ **Student**

If purchasing a family membership, please list children with date of birth

_____	_____	_____
Child 1	Child 2	Child 3

Today's Date: ___/___/___

Pass Fee: _____

6% Tax: _____

Total: _____