



Holston Hills Golf Course

Membership Application – 2021

Date _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Birth Date _____

Spouse's First Name _____ Last Name _____ Birth Date _____

Email Address _____

Dependent Children: Must be 21 years old or under of dependent college student

First Name _____ Last Name _____ Birth Date _____

First Name _____ Last Name _____ Birth Date _____

First Name _____ Last Name _____ Birth Date _____

___ ANNUAL* HOLSTON (\$1,000, prorated amount to 4/1/22 renewal due with application)

___ MONTHLY HOLSTON (\$100 due with application and by the 5th of month thereafter)

___ OUT OF STATE* (\$500 due with application)

___ POOL (\$250 due with application)

**annual memberships to automatically renew on April 1st unless canceled by March 1st*

I hereby make application for Membership in Holston Hills Golf Course and agree to abide by its rules and regulations.

Signed _____

Drop off at Holston Hills Golf Course or mail with check to:

Holston Hills Golf Course

PO Box 1347

Marion, VA 24354