



## 2010 Season Membership Rates and Worksheet

\*Regular Single \$1,350 until 3-1; then \$1,550  
\_\_\_\_\_

Regular Family \$1,900 until 3-1; then \$ 2,200, husband & wife  
\_\_\_\_\_

\*\*Value Single --- \$900 until 3-1; then \$1,100  
\_\_\_\_\_

\*\*Value Family --- \$1,400 until 3-1; then \$1,650  
\_\_\_\_\_

Children up to age 9 no charge

Children Ages 10-15 \$75 \_\_\_\_ x \$75  
\_\_\_\_\_

Children Ages 16-18, or if in college \$125 \_\_\_\_ x \$125  
\_\_\_\_\_

Junior – 21 and under (walking only) \$300  
\_\_\_\_\_

Junior –16-21 (with cart) \$600  
\_\_\_\_\_

SUBTOTAL

\$ \_\_\_\_\_

**7% Iowa Tax**

\$ \_\_\_\_\_

TOTAL DUE

\$ \_\_\_\_\_

All memberships, except Junior Walking, include cart and range. Cart driver must possess a valid driver's license.



\*Regular Family is husband and wife. Children ages 10-15 are \$75 each, ages 16-18 are \$125 each, unless in college; then age 21.

\*\*Value Single and Family is golf after 2:30 pm, Monday through Saturday and after 12 noon on Sunday.

\*\*Value Family is husband and wife only. Children ages 10-15 are \$75 each, ages 16-18 are \$125 each, unless in college; then age 21.

**Please fill out the information on the reverse side. If you have an email address, please be sure to show it – we plan to communicate with the membership via email for any important information regarding Brooks National.**

### MEMBERSHIP INFORMATION SHEET

Date \_\_\_\_\_

Name \_\_\_\_\_

If Family, wife's name \_\_\_\_\_

If Children are included, show names and age, and if in college, college name

\_\_\_\_\_

\_\_\_\_\_

Summer *Mailing*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Winter *Mailing*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



Summer Telephone Number \_\_\_\_\_ E-Mail  
address \_\_\_\_\_

Winter Telephone Number \_\_\_\_\_ E-Mail  
address \_\_\_\_\_

If paying by credit card, we accept Visa and MasterCard

Type of Card: MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Yes, I want to take advantage of the extended pay plan. Bill my credit card monthly so that my account will be paid in full by 5/15/10.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

We will allow payment of membership dues over a period of time, subject to the following conditions: 1. we must have a credit card on file and your account will be charged the fifteenth of each month, and 2. the last payment must be made on May 15 so that your membership is paid in full by that date.