

Coon Rapids Golf Course 2024 Membership Form

Member Mailing Information (This form must be included with your payment)

Name _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email Address _____

For Family Membership:

Spouse Name: _____ Phone: (_____) - _____ Email Address: _____

Our goal is to continue to provide our members with course updates and happenings throughout the year. Our ability to communicate via email versus mail, saves us time & money. Please note we will not sell or use your email for any other purpose than providing you news regarding the Coon Rapids Golf Course."

In Case of an Emergency: Contact 1 _____ Phone _____

2 _____ Phone _____

Membership Type (Prices listed below reflect our 2024 rates and include all taxes)

Paid by 04-15-2024

Paid after 04-15-2024

_____ Family	\$ 590	\$ 630		
_____ Single A	\$ 430	\$ 460		
_____ Single B (19-24)	\$ 290	\$ 310		
_____ Student (HS & College)	\$ 180	\$ 190		
_____ Associate *	\$ 210	\$ 230		
_____ Cart Shed (Electric)**	\$ 200	\$ 220	Shed # _____	Space # _____
_____ Cart Shed (Gas)**	\$ 170	\$ 190	Shed # _____	Space # _____
_____ Trail Fee	\$ 100	\$ 120		
_____ New Family Member	\$ 450	(Anyone not a member since 2020)		
_____ New Single Member	\$ 280	(Anyone not a member since 2020)		
_____ Lifetime Family Member	\$10,000	(Family includes husband/wife 50+ years)		
_____ Lifetime Single Member	\$ 7,500	(Must be 50+ years)		

*Associate memberships are available for residents who live outside of the Coon-Rapids Bayard school district and have a 2024 or lifetime membership at another golf course. Subject to verification.

**2024 decals must be displayed on your cart and will be available at the clubhouse after fees are paid.

NOTE: Contact us about our Corporate Membership rate.

Total Amount Enclosed \$ _____

Family Membership Information

(Please help us recognize those included in your family membership that are 18 and under)

1 _____ relationship _____
2 _____ relationship _____
3 _____ relationship _____
4 _____ relationship _____

Payment Options: _____ Cash _____ Check # _____ Credit Card

Credit Card Type _____ Credit Card # _____ Exp. Date ____ / ____ CVC _____

Billing Address (if different from above) _____ City _____ State _____

Signature _____ Date _____

Please return this form and payment to Coon Rapids Golf Course, PO Box 174, Coon Rapids, IA 50058