



WINDY HILL GOLF CLUB  
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LAST NAME \_\_\_\_\_ FIRST NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ cell \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Please mark your choice:

GOLD MEMBERSHIP

SILVER MEMBERSHIP

7 DAY SEASONAL PASS

5 DAY SEASONAL PASS

STUDENT

COLLEGE

SENIOR

FAMILY

CART

AMOUNT PAID \_\_\_\_\_

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