

Las Colinas Golf Club

2024-2025 Membership Contract

Last Name: _____ First Name: _____ DOB: M/D/Year _____

Spouse: _____ (only if Couple or Family Membership) DOB: M/D/Year _____

Address: _____ City: _____ ZIP: _____

Phone: (home) _____ (cell) _____

Names of Dependent Children _____

Email-(required) _____

Please list as many email addresses as you wish. All bulletins will be sent via email.

PLEASE CHECK ALL APPROPRIATE CATEGORIES AS THEY APPLY

Annual Membership

- (Monday-Friday) \$4500: _____ \$4884.75 Cash, Check _____ \$5031.29 CC
- (Monday-Sunday) \$5500: _____ \$5970.25 Cash, Check _____ \$6149.36 CC

Snowbird Membership DEC-MAY

- (Monday-Friday) \$3600: _____ \$3907.80 Cash, Check _____ \$4025.03 CC
- (Monday-Sunday) \$4200: _____ \$4559.10 Cash, Check _____ \$4695.87 CC

Annual Couples Membership

- (Monday-Friday) \$6500: _____ \$7055.75 Cash, Check _____ \$7267.42 CC
- (Monday-Sunday) \$7000: _____ \$7598.50 Cash, Check _____ \$7826.46 CC

Snowbird Couples Membership DEC-MAY

- (Monday-Friday) \$4500: _____ \$4884.75 Cash, Check _____ \$5031.29 CC
- (Monday-Sunday) \$5100: _____ \$5536.05 Cash, Check _____ \$5702.13 CC

Family Membership

- (Monday-Friday) \$7500: _____ \$8141.25 Cash, Check _____ \$8385.49 CC
- (Monday-Sunday) \$8000: _____ \$8684.00 Cash, Check _____ \$8944.52 CC

Total cost of all membership fee amount to \$_____ for 2024-2025.

Make checks payable to AZ Golf Ventures, LLC

Mail Address:

Las Colinas Golf Club

21515 E Village Loop Rd N

Queen Creek, AZ 85142

Signature _____ **Date** _____