



Bulrush Golf Club Membership Application

Membership Expires on: December 31, 2025

Card Holder's Name: _____

Member Card #: _____

Source (Circle One): (Email/Media/Word-of-Mouth)

Address: _____

City: _____ State: _____ Zip: _____

Birthday: ____/____/____

Phone Number: _____

Email Address: _____

(Your email and phone number will be utilized by Bulrush Golf Club staff for internal communication purposes only; and will not be shared with any other outside entity.)

MEMBERSHIP ACKNOWLEDGMENT:

Credit Card Number: _____

Credit Card Type: (Visa / Master Card / Amex / Discover)

Expiration Date: _____

Security Code: _____

Card Holder's Signature: _____

Approval:

Issued By: _____

Date Received: _____

Members will not receive their membership card and be activated until this form is complete and signed by staff.