



TO: THE BOARD OF DIRECTORS, SKY VALLEY CLUB, INC.

I, _____, desire to become a member in the Sky Valley Club. I agree to pay the applicable fees for my membership and to accept, abide and be governed by the charter, bylaws, rules and regulations of Sky Valley Club.

PRINT NAME

PRINT NAME OF SPOUSE AND ANY DEPENDENTS ON THIS MEMBERSHIP

Mailing Address _____

City _____ State _____ Zip _____

Primary Phone # _____ Cell/Other Phone # _____

Email Address _____

Membership Type Selected:

Founder: _____ Non-Founder: _____

Social Membership:

Individual _____ Family _____ Multi-Family _____ Corporate _____

Golf Membership (includes social membership privileges):

Individual _____ Family _____ Add Unlimited Cart Plan __Y / N__

Signature: _____ Date: _____

Accepted by: SKY VALLEY CLUB, INC.

By: _____ Title: _____ Date: _____

Make Checks Payable to: Sky Valley Club, Inc.

Mail to: Sky Valley Club 568 Sky Valley Way #1 Sky Valley, GA 30537,
or bring to the business office in the back of the pro shop.