The Fairways at Grayce's Garage – Founders Club Membership Application

Member Information

Full Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Membership Details

Preferred Practice Time: _____

Membership Start Date: _____

Monthly Fee: $250/month (3-month minimum, auto-pay required)

Acknowledgement: I have read and agree to the Founders Club Membership Terms, including auto-pay, 3-month minimum, and simulator usage policies.

Signature: _____ Date: _____

Payment Information

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Name on Card: _____

Card Number: _____

Expiration: ____ / ____ CVV: ___

Billing Zip Code: _____

Authorization: I authorize The Fairways at Grayce's Garage to charge $250/month for Founders Club membership, recurring automatically until written notice to cancel is provided.

Signature: _____ Date: _____

Office Use Only

Membership Approved: ☐ Yes ☐ No. Member ID: _____