



2024
Pool Only Membership
\$650

Name : _____

Spouse Name: _____

Address: _____

Phone: _____ Cell: _____

E-mail: _____

Children's Names and Ages:

*The non-refundable Pool Only Membership fee is due in full upon application for membership.
You may remit cash, check or credit/debit authorization to:
Golden Hills Golf & C. C. 100 Scotland Dr., Lexington, SC 29072
or email authorization to: dian@goldenhillsgolf.com*

I hereby authorize Golden Hills Golf and Country Club to charge the credit/debit card account I have specified below for the amount of my 2024 Pool Only Membership \$ _____

Mastercard Visa American Express

Card Number: _____ Expiration Date: _____

Name on Credit Card: _____ CSV#: _____

Signature of Card Holder: _____ Date: _____