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# ASPEN VALLEY GOLF CLUB

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## MEMBERSHIP INFORMATION PACKET



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Dear Golfing Enthusiast,

Enclosed is a membership packet with informational materials regarding membership in the Flagstaff Golf Association, DBA Aspen Valley Golf Club.

Our Golf Club is an active club with a wide variety of social and competitive events to enhance your golf interests. We are an 18-hole championship course in a beautiful mountain setting. Our course has been regularly maintained and recently upgraded, including our short game practice area. Our wonderful Head Golf Professional and his staff are always ready to assist you with improving your game or outfitting your golfing needs from clubs to clothing in our well designed and stocked Pro Shop.

The Full Regular Membership is currently being sold using a Market Based Pricing Program. Please contact the Club for more information.

Our annual dues are \$5,723 for a Family Membership and \$4,307 for a Single Membership. There is also an annual food and beverage minimum of \$572.30 for a Family and \$430.70 for a Single Membership per Golf Season (April 1 to October 31).

Thank you for your interest in our Golf Club! Our Board of Directors and staff are continuing to make Aspen Valley Golf Club the best value in Arizona. More information can be found by visiting our website at [aspensvalleygolf.com](http://aspensvalleygolf.com). We welcome you to contact us with questions at any time using the contact information below.

Tony Lenzie | 928.527.4653, Ext. 3  
General Manager

Ivy Sampson | 928.527.4653, Ext. 4  
Club Controller

Sincerely yours,

*Tony Lenzie*

General Manager

Flagstaff Golf Association



Each application must be accompanied by a check for the purchase price of the Membership  
Payable to: Flagstaff Golf Association

## FL AGSTAFF GOLF ASSOCIATION DBA ASPEN VALLEY GOLF CLUB

1855 N. Continental Drive, Flagstaff, AZ 86004 | 928.527.4653

### PROPOSAL AND APPLICATION FOR MEMBERSHIP

To the Membership Committee, I/We hereby apply for Membership in the Flagstaff Golf Association:

Print or type full name of applicant(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Membership in the Association shall be by invitation of the Board only. This application must provide the names of at least two members in good standing who are personally acquainted with the applicant(s). These two members will offer their full and unqualified endorsement of the above-named applicant(s).

Current Member Proposer: \_\_\_\_\_  
PRINT NAME SIGNATURE REQUIRED

Current Member Seconder: \_\_\_\_\_  
PRINT NAME SIGNATURE REQUIRED

Please check one:  Single  Family

Please check one:  Full  Associate

I am interested in:  Weekly Men's Group  Weekly Women's Group

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Unmarried children under 25 living at home:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School/College: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School/College: \_\_\_\_\_

Principal Home Address: \_\_\_\_\_  
STREET CITY/STATE/ZIP

Secondary Home Address: \_\_\_\_\_  
STREET CITY/STATE/ZIP

Business Name/Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_  
STREET CITY/STATE/ZIP

Have you been a Member of Aspen Valley Golf Club in the past?  Yes  No

Please indicate if you are presently a member of other golf clubs or have been a member in the past. May we contact these clubs for a reference?

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I hereby consent to the Association contacting any of the above-named references relating to my application.

As a Member, I agree to be bound by the Articles of Incorporation, Bylaws, Rules of Play and Policies of the Association. I understand that violations of these bylaws and policies could result in revocation of my membership.

I have been given an opportunity to read and understand these documents prior to completing this application.

I acknowledge that transfer of membership in Flagstaff Golf Association is limited by the Provisions of the Articles of Incorporation and Bylaws of the Association. I agree to be bound by the limitations on the transfer of my membership as set forth in the Articles of Incorporation and Bylaws of the Association.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### MAILING INSTRUCTIONS FOR STATEMENTS AND BULLETINS

I hereby request that all mail be directed as follows (indicate time period):

Principal Address from: \_\_\_\_\_ to: \_\_\_\_\_

Secondary Address from: \_\_\_\_\_ to: \_\_\_\_\_

Business Address from: \_\_\_\_\_ to: \_\_\_\_\_

Financial information can be obtained upon request from the FGA Business Office.