

Membership Application

2022

Koshkonong Mounds Country Club Membership Application



Please complete all information below for club records & communications.

Name: _____ Birthday: _____

Name: _____ Birthday: _____

Address: _____
STREET CITY STATE ZIP

Email: _____

Phone: _____ Spouse's phone: _____

Name(s) of Child(ren) & Age – if applicable:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Sponsoring Member(s): _____

PAYMENT INFORMATION

CASH/CHECK

CREDIT CARD

ACH – MONTHLY
(MAY REQUIRE ADDITIONAL PAPERWORK)

Save card on file for member charge account? Yes / No

Name on card: _____

Card #: _____

Expiration date: _____ CVC: _____

Signature of applicant: _____

PLEASE SEND COMPLETED APPLICATION WITH PAYMENT INFORMATION TO:

**KOSHKONONG MOUNDS CC
ATTN: MEMBER SERVICES
PO BOX 88
FORT ATKINSON, WI 53538**

W7670 Koshkonong Mounds Rd, Fort Atkinson, WI 53538 | (920) 563-2823 | www.kmccgolf.com