



2023 KOSHKONONG MOUNDS CC

# MEMBERSHIP

KMCCGOLF.COM | 920-563-2823

**Mail completed form & payment information:**

Koshkonong Mounds CC  
ATTN: Member Services  
PO Box 88  
Fort Atkinson, WI 53538

*Please complete all information below for club records & communications*

**APPLICANT #1 NAME**

**Applicant #1 Birthdate** \_\_\_\_\_

**APPLICANT #2 NAME** *(if applicable)*

**Applicant #2 Birthdate** \_\_\_\_\_

**ADDRESS (STREET | CITY | STATE | ZIP)**

**APPLICANT #1 EMAIL**

**APPLICANT #2 EMAIL**

**APPLICANT #1 PHONE** \_\_\_\_\_

**APPLICANT #2 PHONE** \_\_\_\_\_

**SELECT MEMBERSHIP**

- Tribal
- Chief
- Hon Chief
- Warrior
- Spiritual
- Healer
- Chief+1
- Ambass.
- RV
- Collegiate
- Junior
- Social

**CHILDREN & AGES**

*(UNDER 22, IF APPLICABLE)*

Name	<input type="text"/>	Age:	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>

**SPONSORING MEMBER(S)** *(if applicable):*

**PAYMENT INFORMATION**

- CASH/CHECK   
  CREDIT CARD   
  ACH - MONTHLY *(ADDITIONAL PAPERWORK)*

**NAME ON CARD**

**APPLICANT SIGNATURE**

**CARD #**

**EXPIRATION DATE**

**CVC**

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