

2025 Crestview Membership Agreement

Date: _____

Name: _____

Address: _____

City: _____, Indiana Zip: _____

Email: _____

Phone: _____

Individual Membership: \$ _____

Additional (Spouse) Membership: \$ _____

Individual Membership (Mon – Fri): \$ _____

Junior Adult (35 & Younger): \$ _____

College Membership (12 + C.H.): \$ _____

Children (17 & younger): \$ _____

Executive Course Membership: \$ _____

Additional Options to Add On

Monday – Friday Cart Pass: \$ _____

Individual 18 Hole Cart Pass: \$ _____

Couple 18 Hole Cart Pass: \$ _____

Total: _____

Signature: _____

Staff

Initials: _____