



2009 Seasonal Membership Registration

www.wapicada.com

Type of Membership	
--------------------	--

Member Information

Full Name			
Spouse			
Children (21 & under)			
Street Address			
City/State/Zip			
E-Mail Address			
Telephone	Home:	Cell:	Work:

Membership	\$
Cart Storage	\$
Second Owner Cart Storage	\$
Men's Handicap	\$
Women's Handicap	\$
Club Storage	\$
Season Range Pass	\$
Yearly Cart Rental	\$
Yearly Trail Fee	\$
Locker	
Other _____	
Total Due	

Referral Incentive Program

Current Wapicada members will receive a \$50 credit in their credit book account for a referral of a **new** member that joins Wapicada in 2009. Money in your credit book account can be use for purchases in the pro shop or bar.

New Member Referral :

Member Signature	
Date	
Payment Type Cash ____ Check ____ Other ____	
Credit Card Number	
Expiration Date	

Please Return Form and Payment to:

Wapicada Golf Club
PO Box 454
Sauk Rapids, MN 56379