

## Membership Application – 2024 Membership Year 4-1-24 to 4-1-25

Date		
First Name	Last Na	ime
Address		
City	State	Zip Code
Cell Phone	Birth Date_	
Spouse's First Name_	Last Name	Birth Date
Dependent Children:	Must be 21 years old or under	
	Last Name	
		Birth Date
First Name	Last Name	Birth Date
MONTHLY* CHARMANNUAL HOLSTO MONTHLY* HOLSTO MONTHLY* HOLSTO ANNUAL JUNIOR MONTHLY* JUNIOR OUT OF STATE (\$ POOL (\$250, seas) *monthly membership	ON (\$1,350 due with application) GTON (\$135 due with application under 30 (\$1,000 due with application) OR under 30 (\$100 due with application, ID requirements of the control of the cont	ication and by the 1 <sup>st</sup> of month thereafter) uired) )
Signed		
Drop off at Holston Hi Holston Hills Golf Cou PO Box 1347	lls Golf Course or mail with check rse	(to:

Marion, VA 24354