



2019  
**Pool Only Membership**  
**\$600**

Name : \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Children's Names and Ages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The non-refundable Pool Only Membership fee is due in full upon application for membership.*

*You may remit cash, check or credit/debit authorization to:*

**Golden Hills Golf & C. C. 100 Scotland Dr., Lexington, SC 29072**

*or email authorization to: [dian@goldenhillsgolf.com](mailto:dian@goldenhillsgolf.com)*

I hereby authorize Golden Hills Golf and Country Club to charge the credit/debit card account I have

specified below for the amount of my 2019 Pool Only Membership \$ \_\_\_\_\_

Mastercard

Visa

American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ CSV#: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

100 Scotland Dr. Lexington, SC 29072

803.957.3970

[www.goldenhillsgolf.com](http://www.goldenhillsgolf.com)