



P.O. Box 123 • 1550 N. Broadway • Hastings MI 49058  
 Office: (269) 945-2756  
 www.legacyathastings.com  
 Email: gm@legacyathastings.com

## 2024 Member Application

Primary Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Child(ren) \_\_\_\_\_

	Single Membership	Unlimited Golf w/ Cart	\$1,650.00
	Couple Membership	Unlimited Golf w/ Cart	\$2,425.00
	Member Child/Grand Child Add	7 years of age and under	FREE
	Member Child/Grand Child Add	8 to 20 years of age	\$100 per
	Child(ren) Membership	Under 15 years of age no cart	\$275.00
		16-20 w/ cart	\$475.00
	Junior Membership*	21-30 Unlimited Golf w/ Cart	\$850.00
	High School Membership*	Unlimited Golf no cart	\$275.00
	Social Membership	Access To All Social Gatherings/Events	\$50.00
	Frequent Player Card**	20 (9 hole) rounds w/cart	\$375.00
	Cart Storage (Electric)	Electric Cart Fee (12 Months)	\$300.00
	Cart Storage (Gas)	Gas Cart Fee (12 Months)	\$150.00
	Cart Trail Fee	Required For All Carts Used on Property	\$125.00
	Membership Range Add On	100 Range Buckets w/ Existing Membership	\$300.00
	Range Only Membership	Discounted Bucket Rate of \$4 per; non-member rate is \$10 per bucket	\$250.00
	Hole-In-One Club***	2024 Club Obligation for every hole in 1	See Below
	Non-County	15% Discount	
	Non-State	50% Discount	
		Total Due	

All Memberships qualify for \$4 per bucket range cost; non-member rate is \$10 per bucket.

\*Does not qualify for discounts or referral programs.

\*\*Can only be used Mon-Fri before 3 pm. No use on Sat. & Sun. Cannot be used for events or leagues.

\*\*\*Entirety of payout pot will be paid out in Legacy at Hastings Credit to any club participant who makes a hole-in-one with at least one signed witness. All club participants will be automatically charged \$5.00 for every hole-in-one that is made. Charges will be applied to member accounts.



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GHIN Handicap is Required for Member Events. If a Couple Membership, please circle the # of handicaps requested?      1      2

Do own a golf cart and, if so, how many? YES NO # \_\_\_\_\_

Will your cart(s) be stored in cart barn? YES NO

Electric or Gas? Description \_\_\_\_\_ May golf course use for outing? YES NO

Member charge accounts will be emailed to primary email unless otherwise indicated below

Member updates and communications should be emailed to? Primary Spouse Both

Terms and Conditions of Membership

Payment for annual membership is due upon signing application. Payment options for paying membership is available and must be paid 90 days from date of signed application.

Single, Couple, and Junior Memberships will receive one USGA Certified handicap unless specified. Fee cannot be refunded or credited. Fee will be applied for additional handicaps.

*Every member who is 18 or older of The Legacy is allowed the privilege of a membership charge account with a valid credit card on file. Please note the following guidelines regarding the use of your membership charge privileges. Payment for the prior month will be charged to your stored card by the 10<sup>th</sup> of the month. If you would like to pay your account with cash, please do so before the 10<sup>th</sup>. The primary club member is financially responsible for all family members included on the membership.*

*If, at the end of thirty (30) days, the account remains delinquent the member and all family may be subject to suspension from the membership charge account and will not be permitted to use the account until the account is made current. If the problem persists after sixty (60) days, the member and all family may subject to suspension of golf privileges. The member agrees to pay actual reasonable attorney fees if the account is turned over to an attorney for collection.*

I agree to above terms and conditions, and the terms and conditions stated in the membership handbook set forth by The Legacy to abide by all rules of the course.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CREDIT CARD INFORMATION FOR MEMBER ACCOUNT BILLING

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date: \_\_\_\_\_