



Partners Golf Trail, LLC

Membership Application

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Golf Handicap: USGA Card: _____ Stated: _____

I am requesting membership in Partners Golf Trail, and agree to pay the one time \$40.00 membership fee that will allow me the benefits of being a member of Partners Golf Trail.

Signature

Date

Apply On-Line or Mail to:

**Partners Golf Trail, LLC
P.O. Box 10462
Murfreesboro, TN 37129
info@pgtrail.com**

Your Membership Card will be mailed to you.