

Western Hills Municipal Golf Course

2160 Russellville Rd. Hopkinsville KY. 42240

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2026 Membership

<u>Green Fee Plans</u>		<u>Rental Cart Plans</u>		<u>Private Cart Plans</u>		<u>Cart Storage</u>	
Single	\$1050.00	Single	\$660.38	Trail/Rider Fee	\$200.00	Gas Cart	\$350.00
Senior	\$900.00	Family	\$801.89			Electric Cart	\$425.00
Student	\$350.00			All fees are Plus Tax		Private Gas Cart	\$500.00
						Private Electric Cart	\$550.00
Family	\$1575.00						
Senior Family	\$1350.00	<u>Practice Range Plans</u> (all Green Fee Plans include the Practice Range)					
Young Family	\$1350.00	Single	\$250.00	Family	\$400.00		
Active Military	\$650.00						
Please Circle Chosen Plans							

All Green Fee Plans paid in full are entitled to a 10% discount on Golf Shop Merchandise.

Memberships are for one year. Partial or seasonal memberships are available to non-residents of Kentucky. Annual payments are due by the 1st day of the month of annual renewal. No new membership will be granted to person(s) with a past outstanding balance. Western Hills MGC reserves the right to refuse membership.

- Senior = 62 and above
 - Student = Under 26, living at home and enrolled in school full time.
 - Family = Immediate family members living at home, currently under 26 and in enrolled in school full time.
 - Young Family = Under 35
 - Rental Cart Plan = Entitles the plan holder(s) to ride/drive in a rental cart while playing golf. The plans do not entitle each plan holder(s) in a group to an individual cart. When possible you must share a cart.
 - Trail/Rider Fee Private Cart Plan = Each plan holder is entitled to ride/drive in a private cart. When using a rental cart, the standard rental cart fee must be paid. Rates for 2026 are \$8.00 for 9 holes and \$15.00 for 18 holes per player.
 - Trail/Rider Fee = Trail/Rider fees are paid by anyone riding in a private cart that do not have a Private Cart Trail/ Fee Plan. Rates for 2020 are \$10.00 per player per day.
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Name(s): _____

Address: _____

City-State-Zip: _____

Phone: _____

Email: _____

Birthday(s): _____

Emergency Contact: _____

Family Plan Members: _____

Cart Co-Owner: _____

Membership Total: _____ Payment: _____

Staff Accepted: _____ Date: _____

Membership Start: _____ End: _____

I/We agree to pay \$_____ in full by the previously stated arrangement and the agreed upon terms.

Signature(s): _____

- ### Monthly Percentages

July = 14% August= 13% September= 10% October = 7% November = 5% December= 3%

Co-Owner Trail Fee: _____

Staff Accepted: _____ Date: _____