

## **2025 Business Membership Application**

Business Name:		
Address:		
City:	State:	Zip:
Contact Person:		
Phone Number:		
Email:		
Option 1: \$1200:	<u></u>	of the week. <i>Expire 12.31.2025</i>
Option 2: \$2000: 50 Golf Passes. Each val 12.31.2025		t any day of the week. <i>Expire</i>
• •	•	otion 1 or 2. You may purchase urchase, or later in the season.
Supplemental Option 20 Golf Passes. Each value		of the week. <i>Expire 12.31.2025</i>
Supplemental Option 20 Golf Passes. Each value 12.31.2025		t any day of the week. <i>Expire</i>
Signature:	Па	te:

Remit Application with payment to:

Stagg Hill Golf Club Attn: Business Membership 4441 Stagg Hill Road Manhattan, KS. 66502