

Membership Application

Name			
Social Security Number			
Clemson Graduation Class (if applicable)			
Date of Birth			
Home Address			
City			
StateZip			
Phone #1			
#2			
Email #1			
#2			
Business/Occupation			
City			
State Zip			
For Family Membership Only			
Spouse's Name			
Spouse's SSN			
Spouse's Clemson Graduation Class (if applicable)			
Spouse's Date of Birth			
Dependent Children Under Age 18 (21 if full-time student)			
Name			
Date of Birth			
Name			
Date of Birth			

Membership Type			
		ident membership — Initiation Fee: \$7,000 Family membership (spouse and children under age 21) Monthly dues: \$245 + Tax Single Membership Monthly dues: \$170 + Tax	
	Faci	ulty / Staff membership - Initiation fee: \$2,500 Family membership (spouse and children under age 21) Monthly dues: \$245 + Tax Single Membership Monthly dues: \$170 + Tax	
	Nonresident membership — Initiation Fee: \$2,500 (Member must live and work outside a 40-mile radius of Clemson, SC) Monthly dues: \$150 + Tax		
		emson Young Alumni Associate Member onthly dues: \$150 + Tax	
		Applicants age 30-34 Submit membership application along with two (2) separate checks: a. Payable to Clemson University Foundation for \$100 b. Payable to The Walker Course at Clemson University for \$900	
		Applicants under the Age of 30 Submit membership application along with two (2) separate checks: a. Payable to Clemson University Foundation for \$50 b. Payable to The Walker Course at Clemson University for \$450	
Signa	ture		



Date

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