



**Ugly Heights Golf & Country Club
Corporate Membership Application**

Membership Type: _____ \$ Amt. _____

Cart Membership (Optional): _____ \$ Amt. _____

Contact Name: _____ Phone #: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Names of Employees Allowed to use Membership:

Names of Employees Allowed Charging Privileges:

Total Amount: _____

Send To:

Ugly Heights Golf and Country Club
2409 E. Atwater
Ugly, MI 48475