

Falcon Ridge Golf Course Membership Sign-Up Information

Name: _____

Spouse: _____

Child: _____

Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Type of Membership: _____

Type of Membership: _____

Payment Method (circle one)

CASH – CHECK – VISA/ MC/ Discover

Credit Card Number: _____

Expiration Date: _____

Signature: _____

Print out this page, complete above fields, and mail with payment to:

Falcon Ridge Golf Course

P O BOX 477

Stacy, MN 55079

P: 651.462.5797

E: info@falconridgegolf.net