

Guest Membership Application

TLYCC Guest Member Application Member Name (Sponsor) Guest Member Name _____ Guest Family Member Names & Ages Guest Member Billing Address Guest Member Home Phone _____ Guest Member Torch Phone (or cell) The fee for a Guest Membership is \$300.00 per week (seven consecutive days). All guest memberships must be prepaid. Please indicate on the form the number of weeks requested and the dates. Send full payment with this form to: TLYCC All Seasons Tax and Accounting 103 1st Street STE 1 Elk Rapids MI 49629 Number of weeks Dates Requested Total Amount Enclosed Upon receipt of payment a charge number will be assigned to be used for all Club activities and dining room charges. I have read, understand and will abide by the Guest Member rules as published in the TLYCC Yearbook. I further agree to take responsibility for the above Guest Member that I am sponsoring as well as any unpaid

club charges that they may incur.

Sponsor Signature _____