



MEADOWBROOK
GOLF COURSE

MEMBERSHIP INFORMATION
2025



MEMBERSHIP PRICING

2025

Memberships Type: (Please Mark)

	Pay by Dec. 15, 2024	Pay After Dec. 15, 2024 (Full Price)
_____ Individual Golf Weekday (Mon.-Fri. - Walking)	\$900	\$1,000
_____ Individual Golf Weekday (Mon.-Fri. - Includes Cart)	\$1,200	\$1,400
_____ Individual Golf Unlimited (Walking Only)	\$1,050	\$1,250
_____ Individual Golf Unlimited (Includes Cart)	\$1,650	\$1,850
_____ Couple Golf Unlimited (Walking Only)	\$1,200	\$1,400
_____ Couple Golf Unlimited (Includes Cart)	\$2,050	\$2,250
_____ Family Golf Unlimited – Live in Household under age 18 (Includes Cart)	\$2,400	\$2,600
_____ College Individual Unlimited (Walking Only) *Age: 18-22	N/A	\$350
_____ Junior Individual Unlimited (Walking Only) *Age: Under 17	N/A	\$225

Punch Card:

	<u>9-Hole</u>	<u>18-Hole</u>
_____ 10 Rounds – Walking Only	\$140	\$180
_____ 10 Rounds – Includes Cart	\$220	\$340
_____ 25 Rounds – Walking Only	\$300	\$400
_____ 25 Rounds – Includes Cart	\$500	\$800

Daily Rates (2025)

**All 2025 Daily Rates will be posted on the website in early 2025 and are subject to change at anytime.*

3429 S. Madison Ave meadowbrookgolfcourse@gmail.com
 Anderson, IN 46013 www.meadowbrookgolfcourse.com
 (765) 644-9754



2025 MEMBERSHIP APPLICATION

Name _____ Membership Type _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Business Phone _____ Email _____

By purchasing a membership, I agree to the following:

- Membership must be paid in full at the time of application.
- Purchaser agrees to abide by all rules, regulations, and policies of Meadowbrook Golf Course.
- Membership is valid when paid in full through December 15, 2025.
- Due to liability, no one will be allowed to bring their own electric or gasoline carts onto the course.

*Purchaser understands that the golf course, range, clubhouse, pavilion may not be available at all times for play. This is due to events, outings, inclement weather, staff/management, etc.

Purchaser Signature /s/ _____ Date _____

Office Use: (Employee Initials _____)

Method of Payment: Cash _____ Check # _____ Credit Card _____ Amount Paid _____

Membership Information is Subject to Change

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