



New Member Membership Application Form

All prospective members of VisionQuest Disc Golf are required to complete this registration form. Membership runs from January 1st through December 31st. VisionQuest management has the right to close the course at any given time for tournaments and special events. **NEW MEMBERSHIP** **RENEWAL**

SECTION 1: MEMBER CONTACT INFORMATION

Please print

NAME			
ADDRESS 1		MOBILE PHONE	
ADDRESS 2		PRIMARY EMAIL	
CITY / STATE		EMERGENCY CONTACT NAME	
ZIP CODE		EMERGENCY PHONE	

SECTION 2: SPOUSE INFORMATION IF JOINT MEMBERSHIP

NAME		MOBILE PHONE	
ADDRESS		PRIMARY EMAIL	

*Indicate if address is same as above.

SECTION 3: CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

NAME		NAME	
NAME		NAME	

SECTION 4: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
FULL	Annual Membership	\$200.00	
FAMILY MEMBERSHIP	Annual Family Membership	\$250.00	
	For Membership descriptions see website visionquestadventurepark.com		
PAYMENT METHOD	<input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Check <input type="checkbox"/> Online Payment (coming soon)		

SECTION 5: PAYMENT

PAYMENT INFORMATION: VisionQuest membership year is January 1 through December 31. Limited Membership's available. Membership dues are non-refundable.
<input type="checkbox"/> Yes <input type="checkbox"/> No I wish to renew my dues AUTOMATICALLY until such time as I choose to stop. (Written notice for cancellation).
<input type="checkbox"/> My Check made payable to VisionQuest, LLC
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover

PRINT NAME AS IT APPEARS ON CARD			
CARD #		EXP. DATE	
SIGNATURE		3 DIGIT (CVC)	

<p>Permission to use photographic images: Photographs of VisionQuest members may be used in various VisionQuest communications incl. the newsletter and website. Group photographs taken at VisionQuest events may be used without identifying individual members. For individual photographs, please indicate your permission for use:</p> <p><input type="checkbox"/> VQ has my permission to use and identify photographs of me. <input type="checkbox"/> VQ does not have permission to use and identify photographs of me. <input type="checkbox"/> VQ must contact me before using any identified photographs of me in VQ communications.</p>

Date: _____ **Signature:** _____

To pay by check: Send a check made payable to VisionQuest, 855 Sims Road, Cedar MN 55011, Phone 612-919-5680
 Regardless of payment method used, please **make sure to send a copy of your membership form** to lisa@rivardcompanies.com