



WINDY HILL GOLF CLUB
6231 WEAVER ROAD
CONNEAUT, OH 44030
440-594-5251
windy@suite224.net
www.windyhillgolf.com

LAST NAME _____ FIRST NAME(S) _____

ADDRESS _____

PHONE _____ cell _____

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Please mark your choice:

GOLD MEMBERSHIP

SILVER MEMBERSHIP

7 DAY SEASONAL PASS

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