

Individual Facility Application

Fax to: VGM Club 800-711-7785



Name of Facility _____

Address _____ City _____ State _____ ZIP _____

Mailing Address (if different from above):

Address _____ City _____ State _____ ZIP _____

Website _____

Phone _____ Fax _____ Federal ID # _____

Billing Contact _____ Title _____ Email _____

General Manager _____ Email _____

Controller _____ Email _____

Chef/F&B Manager _____ Email _____

Superintendent _____ Email _____

Golf Professional _____ Email _____

Are you: Public Private Semi-Private Resort

Are you: Individual Facility Management Group

By submitting this form, Member authorizes VGM Club to offset any earned rebates against outstanding sums due to VGM Club.

Authorized Signature _____

Title _____ Date _____

Fax to: **800-711-7785** or Email: **vgmclub@vgm.com**

Mail to: **VGM Club, P.O. Box 1707, Waterloo, IA 50704**. Visit our Website at: **www.vgmclub.com**