



MEMBERSHIP PROGRAMS



GOLD

- 7 Days a Week
- Any Time of Day
- Cart Fee + Green Fee Included at Huukan Oct - May
- Reduced "Valley Card" Green Fees at Mojave Resort Golf Club
- 10% off Merchandise

Single: \$1,700
Family: \$2,400



(928) 330-1000



5835 Desert Lakes Drive,
Fort Mohave, AZ 86426

PLATINUM

- 7 Days a Week
- Any Time of Day
- Cart Fee + Green Fee Included at Huukan Oct - May
- Cart Fee + Green Fee Included at Mojave Jun - Sep
- Green Fee Included & \$15 Cart Fee Included at Mojave Oct - May
- 10% off Merchandise
- Complimentary Range Balls with Rounds of Golf at MRGC

Single: \$2,300
Family: \$3,300

THREE MONTH

- 7 Days a Week
- Any Time of Day
- Consecutive 3-month Period
- Cart Fee + Green Fee Included at Huukan
- Reduced "Valley Card" Green Fees at Mojave Resort Golf Club
- 10% off Merchandise

Single: \$1,400
Family: \$1,950

LEARN MORE





TERMS & CONDITIONS

Benefits Applicable to Gold or Three Month Membership:

- No Greens or Cart Fees at Huukan Golf Club
- Advanced Tee Time Privileges: Up to 14-Days for Huukan
- Reduced "Valley Card" Green Fees at Mojave Resort Golf Club
- 10% off Merchandise (excluding sale merchandise)
- AGA Handicap available for additional fee (\$45 a year / person)
- Private Golf Carts are permitted with required liability insurance
- Member Tournaments

Platinum Membership Benefits:

- No Greens or Cart Fees at Huukan Golf Club
- \$15 Cart Fee at Mojave Resort Golf Club ("MRGC") October - May
- No Cart Fee June - September
- Advanced Tee Time Privileges: Up to 14-Days for Huukan, 3-Days for MRGC
- Complementary range balls with rounds of golf at MRGC
- 10% off Merchandise (excluding sale merchandise)
- AGA Handicap available for additional fee (\$45 a year / person)
- Private Golf Carts are permitted with required liability insurance
- Member Tournaments

Terms and Conditions of Membership: Membership benefits and/or rates may not be combined with any other offer, discount, promotion, or special. Tee times subject to availability. Members recognize that the golf course hosts a number of golf tournaments and other events which may limit available tee times and use of the facilities. Membership benefits and/or green, cart fees are subject to change without notice. Members must show membership identification to receive benefits. Membership card and benefits are not transferable and have no cash value. Members must abide by all golf course rules. *The Gold Membership is valid from October 1st through May 31st. The Three-Month Membership is only valid for 3 consecutive months from October through May. The Platinum Membership is valid for 12 months from the date of purchase; if you elect to cancel your membership for any reason during the entire term, you will be obligated for the remaining annual term, regardless of payment method. Family membership includes spouse and dependent children under the age of 19 living in the same household. Huukan Golf Club reserves the right to revoke, revise or modify membership programs at any time without prior notice. In the event of a revocation of the membership, a pro-rata refund of amounts actually paid, except for initiation fees, will be available upon the request of the member. This is an annual program and members have no guarantee of renewal on the same terms and conditions.



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MEMBERSHIP APPLICATION

Staff Member _____ Member # _____

Type of Membership applied for: (Please Check One)

GOLD MEMBERSHIP
ANNUAL PRE-PAID
 Single \$ 1,700
 Family \$ 2,400

PLATINUM MEMBERSHIP
ANNUAL PRE-PAID
 Single \$ 2,300
 Family \$ 3,300

THREE MONTH MEMBERSHIP
ANNUAL PRE-PAID
 Single \$ 1,400
 Family \$ 1,950

ADDITIONAL FEES
AGA HANDICAP

Annual Fee \$ _____ / Person

TOTAL FEES \$ _____

Applicant Billing Information



Name _____

Social Security # _____

Employer _____

Member of Huukan Golf Club since _____

Drivers License Number _____

Email address (for all members) _____

I hereby authorize Huukan Golf Club to send messages.

Birth Date _____

Occupation _____

Anniversary Date _____

State _____

Cell Phone _____ Other Phone _____

If family membership... Spouse Name _____

Dependent children under the age of 19

1. _____ 2. _____ 3. _____

Mailing Address (where all billing and member correspondence should be mailed)

City _____ State _____ Zip _____

Name & Phone number to contact in case of emergency

Name & Phone number to contact in case of emergency NOT LIVING IN YOUR HOUSEHOLD:

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