

# 2026 GOLF ANNUAL GREENS FEE MEMBERSHIPS



Lake Monticello Golf Club  
51 Bunker Boulevard | Lake Monticello, VA | 22963  
(434) 589-3075  
[www.lakemonticellogolf.org](http://www.lakemonticellogolf.org)

## DEFINITION

The Annual Greens Fee Memberships and the Annual Junior Greens Fee Memberships provide annual greens fee privileges at a fixed fee. Junior Annual Greens Fee Memberships are available for youth 23 and under who are dependents and reside with a LMOA member or lessee. Juniors may not play prior to 12 noon unless accompanied by an adult. Processing of the application is subject to the member being in good standing with LMOA.

## PRIVILEGES, OBLIGATIONS AND RESTRICTIONS

Annual Greens Fee Members must abide by all LMOA Policies, Rules, and Regulations pertaining to the use of the golf course. Golf Associates must also abide by PM 20.01 Non-Voting Membership Policy. Members shall be responsible for all debts and acts of their guests. Once an annual greens fee agreement is accepted, the conditions MAY NOT be set aside or changed. If a LMOA member's account becomes past due for any reason (annual dues, assessments, amenity use fees, or Compliance Committee charges), golfing privileges, as well as all other amenity privileges, will be suspended until such time as the account is current. Annual fees do not cover play in tournaments with an entrance fee that includes greens/carts.

## SUSPENSION OF MEMBERSHIP PRIVILEGES

The failure of an Annual Greens Fee member to comply with LMOA Rules and Regulations can result in temporary suspension of golfing privileges. No rebates or refunds of prepaid fees will be made for a period when amenity use privileges are suspended.

## REFUNDS/CANCELLATIONS

Refunds and cancellation of contracts for long term illness or disability may be considered. Refunds for termination of lease or sale of property shall not be granted. In the case of death, refunds will be granted to the surviving spouse or the executor of the estate making application for a refund. It shall be the responsibility of the General Manager to issue a refund or to cancel a contract in the case of death. The authority to approve refunds and contract cancellations based on long term illness/disability shall be determined by the General Manager in accordance with policy manual 18.02.

\_\_\_\_\_ All contract holders must keep an active credit card on file with the Pro Shop. A cancellation fee of \$20 will be charged for every slot in a tee time that is booked and not used. Individual exceptions can be made by a member of the Pro Shop Management Team.

## TYPES OF MEMBERSHIPS – LIMITED PLAY – INITIAL NEXT TO SELECTED MEMBERSHIP

\_\_\_\_\_ Nine-Hole Greens Fee Memberships are limited to 9 holes per day. Additional holes played in one day are to be paid for at the 9-hole daily rate.

\_\_\_\_\_ Range: The range membership is to be used for the individual or couple designated on the contract. Sharing range ball with others is prohibited and subject to suspension of range membership.

\_\_\_\_\_ Cart: I understand that the cart plan price is based on a single seat. I am agreeing to ride double on the cart.

*IMPORTANT NOTE: Members selecting the monthly billing option are obligated to pay the full annual contract amount (plus surcharge) regardless of the timing of payment, volume of play, or any other conditions not in accordance with the refund policy in PM 18.02 and PM 20.01 (Golf Associates). All greens fees are prepaid; this is not a credit system. If monthly billing is selected an initial monthly payment must accompany the application. The Pro Shop management will bill subsequent months.*

*Billings for the monthly payment option will occur between the fourth and seventh day of each month through a credit or bank card draft. There is a \$10.00 monthly charge for selecting the monthly payment option. Accounts not paid by that time will be assessed a finance charge of 1.5% (18% per annum) of the balance and amenity privileges will be suspended until payment in full, including finance charges and monthly fees, has been received.*

*I have read and understand the terms and conditions listed above and agree to abide by these conditions.*

\_\_\_\_\_  
Signature of Member or Associate Member

\_\_\_\_\_  
Date



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## Credit Card Information

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp: \_\_\_/\_\_\_      CVV: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_