



MONTCALM
GOLF CLUB

A PLACE OF CALM AND PURE GOLF

PO Box 486, LEBANON, NEW HAMPSHIRE 03766
MEMBERSHIP (603) 828.2485 • GOLF SHOP (603) 448.5665
MEMBERSHIP@MONTCALMGOLFCLUB.COM • WWW.MONTCALMGOLFCLUB.COM



APPLICATION FOR MEMBERSHIP

PLEASE COMPLETE THE FOLLOWING IN FULL:

NAME: _____ SPOUSE _____

PRIMARY (BILLING)

RESIDENCE: _____
STREET CITY STATE ZIP CODE

SUMMER

RESIDENCE: _____
(IF DIFFERENT) STREET CITY STATE ZIP CODE

E-MAIL MONTHLY STATEMENTS TO: _____

SECONDARY OR SPOUSE E-MAIL: _____

TELEPHONE(S) HOME: _____ CELL: _____ SPOUSE CELL: _____

DATE OF BIRTH ____/____/____ DATE OF BIRTH (SPOUSE) ____/____/____

UNMARRIED CHILDREN OF APPLICANT(S) LIVING AT HOME UNDER AGE 21, OR UNDER 23 IF ATTENDING COLLEGE FULL TIME.

	LIST BY NAME	AGE	DATE OF BIRTH	MALE	FEMALE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

MEMBERSHIP CLASSIFICATIONS

I HEREBY APPLY FOR THE FOLLOWING MEMBERSHIP AT MONTCALM GOLF CLUB: **(SELECT ONE)**

- FAMILY NON-RESIDENT FAMILY OTHER
 SINGLE NON-RESIDENT SINGLE

ALL MEMBERSHIPS ARE NON-VOTING, NON-EQUITY WITH NO ASSESSMENTS OR FOOD MINIMUM SPENDING REQUIREMENTS. CLASSIFICATIONS, DUES AND FEES MAY BE MODIFIED BY THE CLUB FROM TIME TO TIME.



APPROVAL OF MEMBERSHIP:

I UNDERSTAND THAT THIS APPLICATION WILL NOT BE ACTED UPON UNLESS FULLY COMPLETED, SIGNED AND ACCOMPANIED BY THE REQUISITE APPLICATION FEE. MEMBERSHIP IS CONTINGENT UPON THE APPROVAL BY THE CLUB IN THE CLUB'S SOLE AND ABSOLUTE DISCRETION. IT IS AGREED THAT IF THIS APPLICATION IS NOT ACTED UPON FAVORABLY, THE APPLICATION FEE SHALL BE PROMPTLY RETURNED OR REFUNDED AND THIS AGREEMENT SHALL TERMINATE. IT IS THE POLICY OF THE CLUB NOT TO DISCRIMINATE IN ANY MANNER AGAINST ANY APPLICANT.

APPLICATION FEE:

A \$500 APPLICATION FEE MUST ACCOMPANY EACH APPLICATION AND WILL BE CREDITED TO YOUR ACCOUNT UPON ACCEPTANCE. IF ANNUAL DUES ARE SUBMITTED WITH APPLICATION, THE APPLICATION FEE IS NOT REQUIRED.

MONTHLY BILLING OPTION:

AMEX / MC / VISA / DISCOVER PLEASE CIRCLE ONE IF YOU WISH FOR YOUR MONTHLY BILL TO BE CHARGED TO YOUR CREDIT CARD.

NAME ON CREDIT CARD _____ **EXP. DATE** _____

MONTHLY STATEMENTS ARE DUE AND PAYABLE UPON RECEIPT AND CREDIT CARDS WILL BE BILLED AT THE BEGINNING OF EACH MONTH.

ACCOUNT # _____

MEMBER ACCOUNTS UNPAID BY THE END OF THE MONTH WILL RESULT IN LOSS OF CHARGE PRIVILEGES. IF UNPAID BY THE END OF THE FOLLOWING MONTH, CLUB USAGE IS ALSO SUSPENDED.

PLEASE SIGN APPLICATION BELOW.

DATE: _____ SIGNATURE: _____
APPLICANT

APPROVED AND ACCEPTED:
MONTCALM GOLF CLUB LLC

BY: _____ DATE: _____

IF YOU HAVE ANY MEMBERS WHO REFERRED YOU, PLEASE LIST BELOW:

SPONSOR: _____ SPONSOR: _____
PRINT NAME PRINT NAME

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