



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) ____/____/____

CORPORATE: PLEASE LIST ALL. FAMILY: 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.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

MEMBERSHIP CLASSIFICATIONS

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

- FAMILY NON-RESIDENT FAMILY YOUNG ADULT (AGE 16-23)
- SINGLE NON-RESIDENT SINGLE CORPORATE

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 AT ANY TIME.



APPROVAL OF MEMBERSHIP:

I UNDERSTAND THAT THIS APPLICATION WILL NOT BE ACTED UPON UNLESS FULLY COMPLETED, SIGNED AND ACCOMPANIED BY THE REQUISITE 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 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.

MONTHLY BILLING OPTION:

AMEX / MC / VISA / DISCOVER / ACH / CHECK (PLEASE CIRCLE ONE) I FURTHER UNDERSTAND THAT A 3% PROCESSING FEE WILL BE ADDED TO ALL ANNUAL DUES AND CART PLANS PAID WITH A 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 # _____ **CVV#** _____

MEMBER ACCOUNTS UNPAID BY 15 DAYS AFTER THE END OF THE MONTH MAY RESULT IN LOSS OF USE AND CHARGE PRIVILEGES AT THE CLUB.

BY SIGNING BELOW, YOU ACKNOWLEDGE YOU WILL ABIDE BY THE RULES OF THE CLUB:

DATE: _____ SIGNATURE: _____
APPLICANT

APPROVED AND ACCEPTED:
MONTCALM GOLF LLC

BY: _____ DATE: _____

FOR NEW MEMBERS: IF YOU HAVE A MEMBER WHO REFERRED YOU, PLEASE LIST BELOW:

SPONSOR: _____
PRINT NAME

PO Box 486, LEBANON, NH 03766

2 SMITH POND ROAD, ENFIELD NH 03748

PRO SHOP (603) 448-5665

MEMBERSHIP@MONTCALMGOLFCLUB.COM • WWW.MONTCALMGOLFCLUB.COM