



MONTCALM
GOLF CLUB

APPLICATION FOR MEMBERSHIP

NEW APPLICANT OR RENEWAL:

NEW APPLICANT

RENEWAL

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: _____

E-MAIL MONTHLY STATEMENTS TO: _____

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

GENDER

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

MEMBERSHIP CLASSIFICATIONS

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

- SINGLE NON-RESIDENT SINGLE YOUNG ADULT (AGE 16-23)
- COUPLE NON-RESIDENT COUPLE YOUNG PROFESSIONAL (AGE 24-35)
- FAMILY NON-RESIDENT FAMILY CORPORATE

OPTIONAL CLUB AMENITIES

(PER PERSON)

- BAG STORAGE MEN'S/WOMEN'S LOCKER YEARLY CART PLAN

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 #: _____

ACCOUNT AUTOPAY ENABLED: OPT-IN OPT-OUT

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



MONTCALM
GOLF CLUB

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