

APPLICATION FOR MEMBERSHIP



MONTCALM
GOLF CLUB

2 Smith Pond Road, Enfield, NH 03748 | PO Box 486, Lebanon, NH 03766

Membership Services (603) 448-5665 ext. 2

membership@montcalmgolfclub.com | www.montcalmgolfclub.com

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 JUNIOR (AGE 12-15)
- COUPLE NON-RESIDENT COUPLE YOUNG ADULT (AGE 16-23)
- FAMILY NON-RESIDENT FAMILY YOUNG PROFESSIONAL (Age 24-35)
- 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.

ANNUAL MEMBERSHIP BILLING OPTION:

AMEX / MC / VISA / DISCOVER / 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:** _____

ACCOUNT #: _____ **CVV #:** _____ **Billing Zip Code:** _____

Memberships are automatically renewed each year unless the member contacts member services within forty-five days prior to their renewal date. Credit cards will be billed at the time of renewal if you opt-in.

MONTHLY BILLING FOR INCIDENTALS:

SAME AS MEMBERSHIP BILLING INFO / AMEX / MC / VISA / DISCOVER / CHECK (PLEASE CIRCLE ONE)

Name on Credit Card: _____ **Exp. Date:** _____ Monthly statements are due and payable upon receipt. Credit cards will be billed at the beginning of each month if you opt in.

ACCOUNT #: _____ **CVV #:** _____ **Billing Zip Code:** _____

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: _____ Applicant Signature: _____

Montcalm Golf Club Directory of Members: OPT-IN OPT-OUT

Photo Release: I, hereby grant Montcalm Golf Club (MGC) permission to use my likeness in a photograph in any and all of its publications, including but not limited to all of MGC's printed and digital publications. I acknowledge that my participation is voluntary and I will receive no financial compensation. I understand that MGC may edit, alter, copy, publish or distribute this photo for purposes of publicizing MGC's programs or for any other related, I hereby hold harmless and release and forever discharge MGC for all claims, demands, or causes of action which may have by reason of this authorization.

Printed Name: _____ Date: _____

Signature of Guardian if under 18 years of age _____

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

