

Membership Expiration Date 12/31/2018

Membership # \_\_\_\_\_

# MEMBERSHIP APPLICATION

*Information to be furnished by applicant. All questions must be completed. Please type or print.*

## CONTACT INFORMATION

Name \_\_\_\_\_

Principal Residence \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Personal E-Mail: \_\_\_\_\_ Spouse E-Mail: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Previous Club: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Title or Position \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Business E-Mail: \_\_\_\_\_



128 Karen Drive  
Rising Sun, MD 21911  
**410-658-4343**

[www.chesapeakegolf.com](http://www.chesapeakegolf.com)

Golf  
FootGolf  
Driving Range  
Players Grille  
Chantilly Ballroom  
Party Pavilion

Facebook, Twitter, Instagram

### Office Use Amount Still Owed

\$ \_\_\_\_\_

Membership

\$ \_\_\_\_\_

Add Spouse

\$ \_\_\_\_\_

Add Junior

\$ \_\_\_\_\_

Range Card

\$ \_\_\_\_\_

Handicap

\$ \_\_\_\_\_

Cart

\$ \_\_\_\_\_

\$ \_\_\_\_\_

TOTAL TO PAY

## CHILDREN AGE 18 & UNDER

\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

## TYPE OF MEMBERSHIP

Weekday / Senior 60+ – Walk / Ride

Individual – Walk / Ride

Midday – Walk / Ride

Twilight – Walk / Ride

Millennial (Age 35-) – Walk / Ride

Young Adult (Age 25-) – Walk / Ride

Junior (Age 18-) – Walk Only

FootGolf – Individual

FootGolf – Family

FootGolf – Junior

*Specials:*  New Member Group Discount # \_\_\_ / \_\_\_ %  Refer-A-Friend: Name \_\_\_\_\_

*Payment:*  Payment Plan (Add 3%)  Credit Card (Add 3%)

## WHAT TOTAL MEMBERSHIP PAYMENT INCLUDES

Total Amount = \$ \_\_\_\_\_

Base Membership + Add Spouse + Add Junior + Add Range + % Discounts

1. Payment \$ \_\_\_\_\_ Date Pd: \_\_\_\_\_ How Paid: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

2. Payment \$ \_\_\_\_\_ Date Pd: \_\_\_\_\_ How Paid: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

3. Payment \$ \_\_\_\_\_ Date Pd: \_\_\_\_\_ How Paid: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

I hereby make application for membership to Chesapeake Bay Golf Club and agree to be subject to all rules and regulations governing the club. If I violate any rules and regulations governing the Club, I agree that my membership may be subject to suspension or termination. I also understand that my Membership payment is non-refundable.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_ Date Submitted

## FOR CLUB USE ONLY

Date Received \_\_\_\_\_ CBGC Management \_\_\_\_\_

- Bag Tag Given
- Handouts
- Member Book
- Membership Card Ordered
- On Handicap Computer
- Entered on Pro Shop Computer
- Refer-A-Friend \$100 Gift Card Given