Membership Expiration Date	12/31/2017
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Membership #	

## MEMBERSHIP APPLICATION

Information to be furnished by applicant. All questions must be completed. Please type or print.	
CONTACT INFORMATION:	Kill
Name	
Principal Residence	CHESAPEAKE BAY
	Rising Sun Course
Date of Birth: Home Telephone () Cell Phone ()	410_658_4343
Personal E-Mail: Spouse E-Mail:	www.chesapeakegolf.com
Name of Spouse: Spouse's Date of Birth:	FootGolf
Previous Club:	Driving Range Players Grille
Name of Employer Title or Position	l l
Business Address	Follow on Facebook & Twitter  Office Use
	Amount Still Owed
Business Telephone () Fax ()	-
Business E-Mail:	Membership
CHILDREN AGE 18 & UNDER:	Add Spouse
DOBDOB	\$
DOBDOB	Add Junior
	<b>_</b> \$ Range Card
TYPE OF MEMBERSHIP:	\$
☐ Individual – Walk / Ride ☐ Midday – Walk / Ride ☐ Twilight – Walk / Ride	Handicap
☐ Millennial (Age 35-) – Walk / Ride ☐ Young Adult (Age 25-) – Walk / Ride ☐ Junior (Age 18-) – Walk Only	\$ Cart
□ FootGolf – Individual □ FootGolf – Family □ FootGolf – Junior □ Payment Plan (Add 3%)	\$
Specials:   New Member Group Discount% Refer-A-Friend Bonus: Name	_
Monthly Payment: ☐ Limited Family "All Access" MP ☐ Limited Individual MP ☐ Afternoon MP	\$
□ Junior 18 Under MP □ Limited Senior 60+ MP □ Limited Weekday MP □ Cart MP	TOTAL TO PAY
WHAT TOTAL MEMBERSHIP PAYMENT INCLUDES: Total Amount = \$	
Base Membership	☐ Bag Tag Given
1. Payment \$ Date Pd: How Paid: Balance: \$	☐ Handouts
2. Payment \$ Date Pd: How Paid: Balance: \$	☐ Member Book ☐ Membership Card
3. Payment \$ Date Pd: How Paid: Balance: \$	- Weinbership Card
	On Handicap Computer
I hereby make application for membership to Chesapeake Bay Golf Club's Rising Sun Course 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	☐ Entered on NE Pro
suspension or termination. I also understand that my Membership payment is non-refundable.	Shop Computer
X	☐ Entered on RS Pro Shop Computer
Signature of Applicant Date Submitted	■ Refer-A-Friend \$75
FOR CLUB USE ONLY	Gift Card Given
Date Received CBGC Management	_