

Membership Expiration Date 12/31/2021

Membership # _____

M E M B E R S H I P A P P L I C A T I O N

Information to be furnished by applicant. All questions must be completed. Please print clearly.

CONTACT INFORMATION

Name _____

Principal Residence _____

Date of Birth: _____ Home Phone (_____) _____ Cell Phone (_____) _____

Personal E-Mail: _____

Name of Spouse: _____ Spouse's Date of Birth: _____

Spouse E-Mail: _____

Previous Club: _____

Name of Employer _____ Title or Position _____

Business Address _____

Business Phone (_____) _____ Business E-Mail: _____

CHILDREN AGE 22 & UNDER

_____ DOB _____ DOB _____

_____ DOB _____ DOB _____

TYPE OF MEMBERSHIP☐ Chantilly Card ☐ Add Handicap/Other: _____☐ Chesapeake: Full / Season Ticket ☐ Bay: Full / Season Ticket ☐ Pines: Full / Season Ticket☐ Heron: Full / Season Ticket ☐ Junior/Collegiate (22 & Under): Full / Season Ticket☐ Add Spouse (x 1.5) ☐ Add Child Under 22 (x 1.35) ☐ Add Family (x 1.85) ☐ Add Range – 25 Tokens \$100Specials: ☐ New Member Group Discount # ____ / ____ % ☐ Refer-A-Friend: Name _____Payment: ☐ Pay In Full ☐ Payment Plan – # of Payments: 2 / 3 / 4 ☐ Processing Fee (3% / 5% / 10% / 15%)**MEMBERSHIP PAYMENT BREAKDOWN**

Total Amount = \$ _____

Base Membership + Spouse/Child/Fam + Range/Other + % Off Discounts + CC/Processing Fees

% 1st Payment: ____ % \$ _____ Date Pd: _____ How Paid: _____ Balance: \$ _____

% Due Mar 15: ____ % \$ _____ Date Pd: _____ How Paid: _____ Balance: \$ _____

% Due June 15: ____ % \$ _____ Date Pd: _____ How Paid: _____ Balance: \$ _____

% Due Aug 15: ____ % \$ _____ Date Pd: _____ How Paid: _____ Balance: \$ _____

*Full Memberships / Chantilly Card are NOT Transferable. *25 Rd Season Tickets ARE Transferable. Jr Ticket transferable to siblings.

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 _____



128 Karen Drive
Rising Sun, MD 21911
410-658-4343
chesapeakegolf.com

Golf
FootGolf
Driving Range
Golf Simulator Room
Players Grille Blue Room
Trophy Room
Brick Patio
Chantilly Ballroom
Rustic Party Pavilion
Lakeview Arbor on the Lawn
Facebook, Twitter, Instagram

**Office Use
Amount Still Owed**\$ _____
Membership\$ _____
Add Spouse/Child/Fam\$ _____
USGA Handicap\$ _____
Range

\$ _____

\$ _____

\$ _____

\$ _____
TOTAL TO PAY

- ☐ Card / Ticket Given
- ☐ Tournament Schedule
- ☐ Club Handouts
- ☐ Bag Tag Made
- ☐ Entered into Handicap Computer
- ☐ Entered into Pro Shop Computer
- ☐ Refer-A-Friend \$100 Gift Card Given