

MEMBERSHIP APPLICATION

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: _____



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

CHILDREN AGE 22 & UNDER

_____ DOB _____ DOB _____

_____ DOB _____ DOB _____

TYPE OF MEMBERSHIP

- Chantilly Card
 Range Pass
 Simulator Pass

Chesapeake: Full / Season Ticket
 Bay: Full / Season Ticket
 Pines: Full / Season Ticket

Heron: Full / Season Ticket
 Collegiate (Age 18-22) Full
 Junior (Under 18) Full

Add Spouse (x 1.5)
 Add Child Under 22 (x 1.35)
 Add Family Spouse & All Children (x 1.85)

Specials: New Member Group Discount # ____ / ____ %
 Refer-A-Friend: Name _____

Payment: Pay In Full
 Payment Plan – # of Payments: 2 / 3 / 4
 Interest (Membership) x 3% x (# payments)

MEMBERSHIP PAYMENT BREAKDOWN

Total Amount = \$ _____

_____ + _____ + _____ + _____ + _____
 Base Membership Spouse/Child/Fam Range/Other % Off Discounts CC 3% Processing Fee

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

% Due Feb 1: _____% \$ _____ Date Pd: _____ How Paid: _____ Balance: \$ _____

% Due Mar 1: _____% \$ _____ Date Pd: _____ How Paid: _____ Balance: \$ _____

% Due Apr 1: _____% \$ _____ Date Pd: _____ How Paid: _____ Balance: \$ _____

**Full Memberships / Chantilly Card are NOT Transferable. *25 Rd Season Tickets ARE Transferable.*

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 _____

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