

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: _____

CHILDREN AGE 22 & UNDER

DOB _____ DOB _____

DOB _____ DOB _____

TYPE OF MEMBERSHIP

- Chantilly Card
- Range Ticket
- Simulator Pass

- Chesapeake
- Bay
- Pines
- Heron
- Young Professional (Ages 22-35): 10% Off

Junior Memberships: Collegiate (Age 18-22) Junior (Under 18)

- Add Spouse
- Add Child Under 22
- Add Additional Family Members
- Add USGA Hcap

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 3.99% 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

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. 2023 Notice: **Debit and Credit Card** payments for Membership, Greens Fees, Merchandise, and Food & Beverage will be charged 3.99% of the total transaction. **Cash/Check** payments have no processing fees.

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