

Membership Expiration Date 12/31/2024

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 ☐ Family Chantilly Card ☐ Range Ticket ☐ Simulator Pass**7 Day Full:** ☐ Tier 1 ☐ Tier 2 ☐ Tier 3 ☐ Tier 4 ☐ Tier 5**5 Day Full:** ☐ Tier 1 ☐ Tier 2 ☐ Tier 3 **Junior:** ☐ Age 19-22 ☐ Age 13-18 ☐ Age 12U☐ Add Spouse ☐ Add Child Under 22 ☐ Add Additional Family Members ☐ Add USGA Handicap**Discount:** ☐ Young Adult U35 (5% Off) ☐ Senior Over 70 (5% Off) ☐ 8+ New Member Group (5% Off)**Payment:** ☐ Pay In Full ☐ Payment Plan – # of Payments: 2 / 3 / 4 ☐ \$75 Processing Fee per payment**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. 2024 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
TrackMan Golf Simulators
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
☐ USGA Handicap
Entered into Computer
☐ Entered into Pro Shop
Computer