

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
- TrackMan Golf Simulators
- Players Grille Blue Room
- Trophy Room
- Brick Patio
- Chantilly Ballroom
- Rustic Party Pavilion
- Lakeview Arbor on the Lawn
- Facebook, Twitter, Instagram

FAMILY MEMBERS – CHILD, SIBLINGS AGE 22U / AGE 23-35

_____ DOB _____ _____ DOB _____

_____ DOB _____ _____ DOB _____

TYPE OF MEMBERSHIP

- Range Ticket (25) Range Super Ticket (100) 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 18U

Chantilly Card Family Chantilly Card Player's Club USGA HDCP

Add Family Member Add 2nd Family Member Additional Family Members Add Child/Sibling 23-35

Spouse, Child 22U, Sibling 22U Spouse, Child 22U, Sibling 22U Spouse, Child 22U, Sibling 22U

Discount: Young Adult U35 (\$200 Off) Senior Over 70 (\$200 Off)

Payment: Pay In Full Payment Plan: # of Payments: 2 / 3 / 4 \$50 Processing Fee per payment

MEMBERSHIP PAYMENT BREAKDOWN

Total Amount = \$ _____

Base Membership + Spouse/Child/Fam + Range/Other + Discounts + CC 3.99% Fee

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

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

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

% Due May 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. **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 _____

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