MEMBERSHIP APPLICATION — CHESAPEAKE BAY GOLF CLUB

Annual Membership Expiration Date 12 / 31 / 26

Monthly 12-Month Membership matures on _____/_____/_____ with a continuation until cancellation afterwards

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

PRIMARY MEMBER: _____ **DATE OF BIRTH:** _____

PERSONAL EMAIL: _____ **CELL PHONE:** _____

PRINCIPLE RESIDENCE: _____

MEMBERSHIP TIER: _____ **COST PER MONTH / YEAR:** _____

SECOND MEMBER: _____ **DATE OF BIRTH:** _____

PERSONAL EMAIL: _____ **CELL PHONE:** _____

MEMBERSHIP TIER: _____ **COST PER MONTH / YEAR:** _____

THIRD MEMBER: _____ **DATE OF BIRTH:** _____

PERSONAL EMAIL: _____ **CELL PHONE:** _____

MEMBERSHIP TIER: _____ **COST PER MONTH / YEAR:** _____

FOURTH MEMBER: _____ **DATE OF BIRTH:** _____

PERSONAL EMAIL: _____ **CELL PHONE:** _____

MEMBERSHIP TIER: _____ **COST PER MONTH / YEAR:** _____

MEMBERSHIP OPTIONS:

- ☐ 7 DAY TIER 1 ($4600 yr / $395 mo)
- ☐ 7 DAY TIER 2 ($4200 yr / $360 mo)
- ☐ 7 DAY TIER 3 ($3900 yr / $335 mo)
- ☐ 7 DAY TIER 4 ($3600 yr / $310 mo)
- ☐ 7 DAY TIER 5 ($2800 yr / $245 mo)
- ☐ 5 DAY TIER 1 ($3200 yr / $275 mo)
- ☐ 5 DAY TIER 2 ($2700 yr / $235 mo)
- ☐ 5 DAY TIER 3 ($2300 yr / $200 mo)
- ☐ JUNIOR 18-22 ($2200 yr / $195 mo)
- ☐ JUNIOR 17&U ($1800 yr / $160 mo)
- ☐ CHANTILLY CARD ($450yr / $40mo)

ADD FAMILY MEMBERS:

- ☐ SECOND MEMBER: 50% of price for spouse / child U22 / sibling U22; 75% of price for child/sibling 22-35
- ☐ THIRD MEMBER: 40% of price for spouse / child U22 / sibling U22; 75% of price for child/sibling 22-35
- ☐ FOURTH MEMBER: 30% of price for spouse / child U22 / sibling U22; 75% of price for child/sibling 22-35

ADDITIONAL MEMBERSHIP PRIVILEGES:

- ☐ ADD SIMULATOR PASS - $1600 yr / $150 mo
- ☐ ADD RANGE TICKET (25 Tokens) - $125 yr
- ☐ ADD PLAYERS CLUB MEMBERSHIP - $50 yr
- ☐ ADD SECOND SIMULATOR HOUR - $800 yr / $75 mo
- ☐ ADD SUPER TICKET (100 Tokens) - $375
- ☐ ADD MSGA/GAP TEAM DUES - $200 yr

PAYMENT INFORMATION

MEMBERSHIP PAYMENT BREAKDOWN – ☐ **ANNUAL** ☐ **MONTHLY**

_____ + _____ + _____ + _____ + _____ = _____ **AND/OR** _____

1st Member | 2nd Member | 3rd Member | 4th Member | Add Ons | Annual Dues | Monthly Dues

ACH INFORMATION: ☐ **CHECKING ACCOUNT** ☐ **SAVINGS ACCOUNT**

ACCOUNT NAME: _____ **BANK NAME:** _____

ACCOUNT #: _____ **ROUTING #:** _____

CARD INFORMATION: ☐ **CREDIT CARD** ☐ **DEBIT CARD** **TYPE:** _____

CARD #: _____ **EXP:** _____ **CVV:** _____

BILLING ADDRESS: _____ **ZIP CODE:** _____

GENERAL MEMBERSHIP AGREEMENT:

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 4% of the total transaction. **ACH transactions** will incur a 2% processing fee. **Cash/Check payments** have no processing fees.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF CBGC MANAGER: _____ **DATE:** _____

MONTHLY MEMBERSHIP AGREEMENT:

- Monthly memberships are contractually required to pay **12 consecutive months** at the currently posted dues rate, starting with the month that you join. Monthly Membership Dues rates advertised on this form are valid and guaranteed by CBGC from October 2025 through December 2026. Monthly dues are subject to a rate change on January 1, 2027. By signing this agreement, you understand that you are contractually required to pay 12 consecutive months of membership dues starting from the date of joining, and that you are subject to paying the 2027 posted dues rate (to be determined) if your 12 month requirement concludes in 2027. I understand that my membership will continue to be billed monthly at the advertised rates after my 12 months are completed until I choose to cancel my membership. _____ **(Member Initials)**
- A Start Up payment (first month's fees) will be due upon execution of your membership agreement. Your account above will then be billed on or around the 1st of each month until **12 consecutive months** have been paid in full, and then will continue to be billed on the first of the month at the currently posted membership monthly dues until you cancel in accordance with this agreement.
- **Cancellation & Billing Policies:** I have read and understand the cancellation rights and billing policies on this agreement. _____ **(Member Initials)**
- I recognize that Chesapeake Bay Golf Club can terminate this agreement at any time, for any reason.
- I hereby make application for membership to the Chesapeake Bay Golf Club and agree to be subject to all rules and regulations. 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.

By initialing above and signing this agreement, I hereby authorize Chesapeake Bay Golf Club (Crown Golf Management LLC) (hereinafter Chesapeake Bay Golf Club) or its assigns or affiliated companies to charge, or to initiate transfer from, the account(s) designated above for the purpose of making the recurring monthly payments I owe to Chesapeake Bay Golf Club on the 1st of the month until all of my obligations are paid under the agreement. I understand that my obligation under this agreement includes my service fee for uncollectable monthly fees, applicable taxes, charges and any other unpaid fees or dues including past unpaid dues and fees. This authorization will remain in full force and effect during the term of this membership agreement. I confirm that I am authorized under the terms of the applicable agreement with my financial institution to use the account designated for the purchase of goods and services from Chesapeake Bay Golf Club and agree to comply with the financial institution's agreement at all times that this authorization is in effect. _____ **(Member Initials)**

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF CBGC MANAGER: _____ **DATE:** _____