MEMBERSHIP APPLICATION — CHESAPEAKE BAY GOLF CLUB

Annual Membership Expiration Date 12 / 31 / 27

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 ($4900 yr / $440 mo)
- ☐ 7 DAY TIER 2 ($4500 yr / $400 mo)
- ☐ 7 DAY TIER 3 ($4100 yr / $360 mo)
- ☐ 7 DAY TIER 4 ($3700 yr / $330 mo)
- ☐ 7 DAY TIER 5 ($3100 yr / $280 mo)
- ☐ 5 DAY TIER 1 ($3400 yr / $300 mo)
- ☐ 5 DAY TIER 2 ($3000 yr / $270 mo)
- ☐ 5 DAY TIER 3 ($2500 yr / $230 mo)
- ☐ JUNIOR 18-22 ($2400 yr / $220 mo)
- ☐ JUNIOR 17&U ($2000 yr / $190 mo)
- ☐ CHANTILLY CARD ($750yr / $65 mo)
- ☐ BARBIN TIER ($8500yr / $750 mo)

ADD FAMILY MEMBERS:

- ☐ ADD FAMILY MEMBER: (Spouse, Child 22U, or Sibling 22U) – Add 50% to Dues
- ☐ ADD SECOND FAMILY MEMBER: (Spouse, Child 22U, or Sibling 22U) – Add 40% to Dues
- ☐ ADD CHILD / SIBLING OVER AGE 23: Add 75% each to Dues
- ☐ *New!* FAMILY BUNDLE: Add Spouse and all children under 22 to same membership level – Add 100% to Dues

ADDITIONAL MEMBERSHIP PRIVILEGES:

- ☐ RANGE TICKET (50 TOKENS) - $300 yr
- ☐ RANGE "VIP" PASS - $1800 yr / $150 mo.
  Unlimited Balls, Back Tee Access, Commemorative Bag Tag
- ☐ SIMULATOR MEMBERSHIP - $1800 yr / $150 mo.
- ☐ PLAYERS CLUB MEMBERSHIP - $100 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. No processing fees for **cash, check or ACH transactions**.

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 2026 through December 2027. Monthly dues are subject to a rate change on January 1, 2028. 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 2028 posted dues rate (to be determined) if your 12 month requirement concludes in 2028. 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:** _____