



Application for Membership

Boscobel Golf Club

Applicant Full Name: _____

Spouse's Name: _____

Email address 1: _____

Email address 2: _____

List unmarried dependent children under the age of 25, you wish to include in your membership. Must select "Family Membership" classification below.

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Internal Use Only
Date Accepted: _____
By: _____
MEMBER NUMBER

Bill To Address Please check the address the club should use for billing.

Initiation Fees: \$1,000.00

***Pay \$300.** \$700 Credit towards Initiation Fees applied if 12 months of dues are paid in advance.

Street: _____

City: _____ State & Zip: _____

Phone: _____ Alternate Phone: _____

MEMBERSHIP CATEGORY (check one)

Members may only change their membership category during January of each year.

Family Membership: \$125/month

Junior/Senior Membership: \$125/month

Rules & Regulations It is agreed that this membership and all persons using Boscobel GC hereunder are bound by and shall comply with the Rules & Regulations and By-Laws, as they currently exist or as amended by Management.

Dues Billing On or about the 25th of each month, the club will bill member's dues for the upcoming month. As a member of Boscobel GC, I agree to pay dues in full by the due date and my incurred charges. I understand that my membership is conditional upon timely payment. A late fee of \$35.00 will be assessed if the balance is 30 days past due. Delinquent accounts will be subject to termination of membership, forfeiture of initiation deposit, and a negative credit bureau report.

Referred By _____ Please tell us how you heard about our club.

Payment Initiation Enclosed is a check for the Initiation Fee in the amount of \$_____

Authorization I have read this application and agree to abide by the rules of Boscobel GC. To the best of my knowledge, everything I have stated in this application is correct.

Signature of Applicant (Spouse)

Date

Notes/Addendum _____

