

Gorham Country Club
MEMBERSHIP APPLICATION FORM 2012

App. Name: _____ Email: _____

Couple option name #2 _____

Family option name #2 _____ Child Name (S) _____

Street Address: _____

Town/State/Zip: _____

Phone: Day _____ Evening _____ Cell _____

Contact in case of Emergency:

Name _____ Phone _____

Membership must be paid in full prior to commencement of play.

PAYMENT TOTAL: \$ _____

Payment Date: _____ **Payment Type:** Cash Credit Card Check
(Circle one payment type)

Membership Type (Please Circle)

Full

Single - Amount Paid _____

Couple - Amount Paid _____

Other

College: Amount Paid: _____

Junior: Amount Paid: _____

Weekday

Single – Amount Paid: _____

Senior Single – Amount Paid: _____

Senior Couple-Amount Paid: _____

Services (Please Circle)

Annual Cart Plan (Members Only/Non Transferable) \$550.00

Season Range Pass(Non Transferable): \$200.00

Club Storage Single: \$90.00

Club Storage Couple: \$170.00

My signature below indicates I have read and understand the Gorham Country Club Rules and Regulations and agree that Gorham Country Club has the right to rescind my/our membership and/or playing privileges at any time for conduct deemed unreasonable or for repeat offense of rules and/or regulations set forth by the golf course and/or its employees. I also understand no refund of my membership will be given for any reason and that my/our membership is non-transferable

Signature #1: _____ **Date:** _____

(Parental signature if child is a minor)

Signature#2: _____ **Date:** _____

(Applicable for Couple/Family Options)