

Gorham Country Club
MEMBERSHIP APPLICATION FORM 2010

App.
Name: _____ Email: _____

Couple option name #2 _____

Family option name #2 _____

Child Name _____

Child Name _____

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)

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)

Printed Name _____

Signature#2: _____ **Date:** _____
(Applicable for Couple/Family Options)

Printed Name _____