



CHIPPANEE GOLF CLUB, INC.

Marsh Road * Bristol, Connecticut 06010
(860) 589-5645 * FAX (860) 585-9678

Membership Application

TYPE OF MEMBERSHIP _____ (See Attached Page)

Please check appropriate box below for your payment options:

DUES: _____ Annually _____ Semi Annually _____ Quarterly _____ Monthly (10 months)

ASSESSMENTS: _____ Annually _____ Monthly Bill to: Home _____ Bus. _____

Initiation Fees \$ _____ Date Submitted _____

Name _____ Date of Birth _____

Name of Spouse _____ Date of Birth _____

Home Address _____ City _____ Zip _____

Business Name _____

Business Address _____ City _____ Zip _____

Nature of Business _____ Your Position _____

Telephone: (Home) _____ Bus. _____ Email: _____

Designated Golfer: _____

Children's Names and Date of Birth

1. _____ / DOB _____ 2. _____ / DOB _____

3. _____ / DOB _____ 4. _____ / DOB _____

Please list any previous club memberships _____

Print Name

Proposer: _____ Date _____ Signature _____

Print Name

Secunder: _____ Date _____ Signature _____

I/we do hereby certify the information provided herein is correct. If accepted into membership, I/we also agree to responsibility of all applicable initiation fees regardless of membership tenure. I/we also agree to maintain a current, usable VISA, MasterCard, or American Express on file with the Club for any outstanding debts that I/we may incur. I/we agree to comply with the Club's bylaws and general rules as written and as those documents are amended from time to time. I/we agree to pay all dues, assessments and fees applicable to my/our type of membership and all charges for goods and services.

Applicant: _____ Date _____ Co-Applicant _____ Date _____

Approved/Denied by the Board of Directors: _____ Date _____ Member # _____

CREDIT CARD AGREEMENT

I/We authorize Chippanee Golf Club, Inc. to charge my/our Visa, MasterCard, or American Express for any outstanding debts due to Chippanee Golf Club, Inc. **I/we also are aware that there is a 3% charge of the amount that is applied to this credit card.**

Card # _____ Exp. Date _____ Authorized Signature: _____