

The Country Club of Greenfield
P.O. Box 288
Greenfield, MA 01302

APPLICATION FOR MEMBERSHIP

APPLICATION DATE: _____
 NAME: _____ DATE OF BIRTH: _____
 STREET ADDRESS: _____
 TOWN: _____ STATE: _____ ZIP: _____
 HOME TELEPHONE NUMBER: _____
 CELL PHONE NUMBER: _____

e-mail address: _____

Recommended By: _____

Applicants Signature: _____ Date: _____

GHIN #: _____

Down Payment: \$ _____

MEMBERSHIP CATEGORY (ages effective April 15)

Ages 31-59	Individual	<input type="checkbox"/>	Weekday	<input type="checkbox"/>
Ages 31-59	Family	<input type="checkbox"/>	Weekday	<input type="checkbox"/>
Age 60 +	Individual	<input type="checkbox"/>	Weekday	<input type="checkbox"/>
Age 60+	Family	<input type="checkbox"/>	Weekday	<input type="checkbox"/>
Age 26 - 30	Young Adult	<input type="checkbox"/>		
Age 25 or under	Junior	<input type="checkbox"/>		
Under age 60	Individual Out of Town	<input type="checkbox"/>		
Under age 60	Family Out of Town	<input type="checkbox"/>		
Age 60+ Out of Town	Individual	<input type="checkbox"/>		
Age 60+ Out of Town	Family	<input type="checkbox"/>		

FOR FAMILY MEMBERSHIPS PLEASE COMPLETE THE FOLLOWING:

Please list names of spouse and children living in household under age 26:

spouse _____
 child _____ child _____
 child _____ child _____

Dues payment schedule:

1/3 February 1, 1/3 April 1, 1/3 balance May 15