

BERWICK GOLF CLUB

473 MARTZVILLE RD., BERWICK, PA 18603 570-752-6691

FAX 570-759-6475

MEMBERSHIP APPLICATION (Nov. 1, 2009-Oct. 31, 2010)

DATE _____

I hereby make application for golf membership in the BERWICK GOLF CLUB and agree, in signing this application, to conform to the constitution, by-laws, articles of incorporation and all rules and regulations of said club. I also agree to a 1 year term which is *automatically renewed* yearly at the rate and fees set by the BGC Board of Directors. Any membership cancellation must be received in writing by end of the club fiscal year, October 31, or the membership will be automatically renewed.

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business or Cell Phone _____ Date of Birth _____

Email Address _____

Place of Employment _____ Occupation _____

Spouse's Name _____ Date of Birth _____

Occupation _____

Applicant's children under age 18 or a full time student under the age of 23		
Name	Date of Birth	Gender
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Recommended By:

Member No. _____ Print Name _____ Signature _____

Member No. _____ Print Name _____ Signature _____

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MEMBERSHIPS:

- ASG Associate Golfer – Ages 21-30 with full golf privileges
- GOF Single Golfer – Age 31+ with full golf privileges
- GSM Married Golfer - Age 31+ with full golf privileges
- HWG Husband & Wife - full golf privileges, 1 share of stock for primary user
- JUN Non-Member Dependent under age 21 in High School or College
- NRG Non-Resident Golfer – Living greater than 50 miles from BGC
- CRG Corporate Golf – limited rounds per corporations and golfer
- SOG Social Golfing Member – limited to 3 rounds per year
- SOM Social Golf Married – limited to 3 rounds per year/player
- SOD Social Dining Member – limited to social and dining privileges only
- SDM Social Dining Married Member – limited to social and dining privileges only
- CRS Corporate or Business Social – clubhouse privileges, no golf included

Applicant(s) Signature(s) _____

Date Approved by Board _____

