



Membership Application

Type of Membership (please circle one):

Family Unrestricted Restricted Weekday Young Adult Public Jr. Corporate

Name: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

If applying for a family/corporate membership, please complete the following:

Spouse or Second Member Name: _____

Family Junior(s) Name(s): _____

Child Name: _____ D.O.B. _____

Child Name: _____ D.O.B. _____

Credit Card # _____

Exp. Date: _____ Security Code: _____

--- Would You Like to Pre-Pay Your Assessment? (\$675 for Single Member; \$1,350 for Family) Circle: Y / N

--- Would You Like to Pre-Pay for a Cart Seat? (\$900 for Single Member; \$1,350 for Family) Circle: Y / N

I (we) hereby make application for membership in the Country Club of Halifax and agree, if accepted, to abide by the by-laws of the Country Club Golf Association & all the rules and regulations promulgated pursuant to them.

In signing this form, I (we) agree to be personally responsible for all dues, fees, and charges, and to abide by all course rules, by-laws, and policies for the Country Club of Halifax and the Golf Associations.

Signature (Primary Member)