



BEAVER MEADOWS GOLF CLUB MEMBERSHIP APPLICATION

NAME			DATE OF BIRTH	
STREET ADDRESS		CITY	STATE	ZIP
NAME OF SPOUSE/ SIGNIFICANT OTHER			DATE OF BIRTH	
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS	
CHILDREN NAMES			DATE OF BIRTH	
AUTHORIZED CORPORATE MEMBERS				

Please check the Membership Category you are applying for:

- | | | |
|--|--|---|
| <input type="checkbox"/> FAMILY | <input type="checkbox"/> SINGLE | <input type="checkbox"/> POOL & SOCIAL |
| <input type="checkbox"/> SIGNIFICANT OTHER | <input type="checkbox"/> SENIOR SINGLE | <input type="checkbox"/> POOL |
| <input type="checkbox"/> SENIOR FAMILY | <input type="checkbox"/> SENIOR SINGLE M-F | <input type="checkbox"/> LEAVE OF ABSENCE |
| <input type="checkbox"/> SENIOR FAMILY M-F | <input type="checkbox"/> JUNIOR SINGLE* | <input type="checkbox"/> Social |
| <input type="checkbox"/> JUNIOR FAMILY* | <input type="checkbox"/> STUDENT | <input type="checkbox"/> CORPORATE MEMBERSHIP** |
| <input type="checkbox"/> 2ND CLUB | <input type="checkbox"/> Annual Cart | <input type="checkbox"/> CORPORATE ADD ON** |
| <input type="checkbox"/> OUT OF TOWN | <input type="checkbox"/> Super Senior | |
- *Proof of age required **Proof of business entity

I would like to apply for immediate membership to Beaver Meadows Golf and Recreation Association, Inc. I understand that membership is limited and applications will be handled on a first come, first served basis. I have enclosed my first payment or payment in full (**Check made out to Beaver Meadows GC**) or (Authorization for payment via VISA or Mastercard filled out below). I understand that if membership is full I will be given an opportunity to be placed on Beaver Meadows' wait list for future membership openings. Beaver Meadows' Initiation Fee is currently **suspended**. I understand that as a member of Beaver Meadows, I am obligated to support the BMGC Restaurant. (Restaurant Form attached)

If you were a **former member** of Beaver Meadows, please specify membership years. _____

Are your parents active members of Beaver Meadows? Name _____

I certify that all information in this application is factual and that I meet the requirements of the membership category for which I am applying as defined above.

Sponsor (optional) _____

Signature _____ Date _____

SEND APPLICATION TO: Beaver Meadows Golf Club, PO Box 1818, Cicero, NY 13039

Credit Card Option	<input type="checkbox"/>	Mastercard/ VISA	Account # _____
	<input type="checkbox"/>	American Express	Exp Date _____
Signature (for credit card) _____			