Beaver Meadows Golf Club
2019 MEMBERSHIP RENEWAL

PLEASE INDICATE YOUR MEMBERSHIP CLASSIFICATION AND PAYMENT PLAN BELOW. RETURN THIS <u>ENTIRE PAGE</u>WITH YOUR PAYMENT to arrive prior to play in 2019.

MEMBER NAME (PRINTED): _____

Please indicate any address, phone or e-mail address changes for the 2019 Directory on the line below:

_____

Spr. Sr.	Mark one	**Membership Classifications** (see descriptions on separate sheet) **Membership Year 1/1/19 to 12/31/19** **All golfing memberships include lockers, range and swim privileges.**	Paid In Full Check or Credit Card NO Later than 10/31/18	After Dec. 31, 2018
		FAMILY	**$3673**	**$3765**
	#	**SIGNIFICANT OTHER ****	**$3673**	**$3765**
		SENIOR FAMILY **SENIOR FAMILY MONDAY – FRIDAY**	**$3315** **$2374**	**$3398** **$2433**
	#	**JUNIOR FAMILY**	**See rate schedule**	
	#	**SINGLE**	**$2898**	**$2970**
		SENIOR SINGLE **SENIOR SINGLE MONDAY – FRIDAY**	**$2593** **$1904**	**$2658** **$1952**
	#	**JUNIOR SINGLE**	**See rate schedule**	
		CORPORATE MEMBERSHIP **CORPRATE ADD ON** **STUDENT**	**$5000** **$1500** **$550**	**$5000**
		POOL **POOL & SOCIAL** **SOCIAL** **SWIM TEAM**	**$350** **$550** **$300** **$125**	**$350** **$550** **$300** **$125**
		2ND Club **ANNUAL CART** **LEAVE OF ABSENCE**	**½ RATE** **$550** **$ 160**	**½ RATE** **$550**

PAID IN FULL BY 10/31/18
   (Cash or check payment receive 5 Guest Passes; VISA or MC receive 4 passes)
HALF PAID BY 10/31/2018, HALF PAID BY 1/15/19
   (Cash or check payment receive 4 Guest Passes; VISA or MC receive 3 passes)
5 MONTHLY PAYMENTS
   (Cash or check payment receive 3 Guest Passes; VISA or MC receive 2 passes)
   Payments must be received by 10/31/18, 11/30/18, 12/31/18, 1/31/19, 2/28/19.
PAYMENTS MUST BE MADE AS LISTED ABOVE TO QUALIFY FOR GUEST PASSES.

For Office Use Only:
Class _____
Payment _____

If you have not selected a payment plan or paid in full, you will be charged the 1/1/2019 rate.
<u>Please make checks payable to:</u> Beaver Meadows Golf Club Mail to: PO Box 1818, Cicero, NY13039

MASTERCARD   VISA   AMERICAN EXPRESS
   Account # _____ **Expiration Date** _____
   Signature (for credit card) _____
If you have any questions, please call Membership Chairman Mike Harrington 315-622-1259, 315-382-8042