



# BEAVER MEADOWS GOLF CLUB MEMBERSHIP APPLICATION

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

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"/> *Proof of age required	<input type="checkbox"/> Super Senior	<input type="checkbox"/> **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.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Sponsor (optional) \_\_\_\_\_

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

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