



BEAVER MEADOWS GOLF CLUB

NEW MEMBERSHIP APPLICATION

NAME		DATE OF BIRTH	
STREET		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			

Check the type of membership category you are applying for:

- | | | |
|--|--|---|
| <input type="checkbox"/> FAMILY | <input type="checkbox"/> SINGLE | |
| <input type="checkbox"/> SENIOR FAMILY | <input type="checkbox"/> SENIOR SINGLE | |
| <input type="checkbox"/> SIGNIFICANT OTHER | <input type="checkbox"/> JUNIOR SINGLE | <input type="checkbox"/> ANNUAL CART - SINGLE |
| <input type="checkbox"/> JUNIOR FAMILY | <input type="checkbox"/> COLLEGE STUDENT | <input type="checkbox"/> ANNUAL CART - FAMILY |
| <input type="checkbox"/> CORPORATE | <input type="checkbox"/> STUDENT | |
| <input type="checkbox"/> CORPORATE ADD-ON | <input type="checkbox"/> POOL & SOCIAL | |

* Proof of age required for Senior, Junior and Student memberships

** Proof of business required for corporate memberships

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, by either providing a check made out to Beaver Meadows GC or by authorizing credit card information provided below. I understand that if membership is full, I will be given an opportunity to be placed on Beaver Meadows' waiting list for future membership openings. I understand that as a member of Beaver Meadows, I am obligated to support the BMGC restaurant through monthly minimums (see 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.

Signature _____ Date _____

SEND APPLICATION TO: Beaver Meadows Golf Club, P.O. Box 1818, Cicero, NY 13039

CREDIT CARD INFORMATION	
Mastercard / VISA <input type="checkbox"/>	Account # _____
American Express <input type="checkbox"/>	Expiration date _____ CVV _____
Signature (for credit card) _____	Date _____