

Kingswood Golf Club, Inc.
P.O. Box 687
Wolfboro, NH 03894
(603)569-3524

MEMBERSHIP APPLICATION

Kingswood Golf appreciates your interest in joining the Club. Please complete this application and mail it to the address above or deliver it to the office located in our clubhouse. Your choices of membership categories and the costs of each are described in the sheet entitled "Membership Information," which accompanies this application form. Upon your acceptance by the Membership Committee, a membership number will be issued to you and you will be able to begin using your membership.

NAME: _____

BIRTH DATE: _____ SOCIAL SECURITY NO. _____

SPOUSE'S NAME (If married and spouse also applying) _____

SPOUSE'S BIRTH DATE: _____ SPOUSE'S SSN _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS _____

(For purposes of communications within the Club only; this address will appear in the annual Membership Handbook, unless you check this line: _____)

HOME TELEPHONE NO. _____

WINTER ADDRESS (IF DIFFERENT): _____

WINTER TELEPHONE: _____ (This number will appear in the Membership Handbook unless you check this line: _____)

I/WE ARE APPLYING FOR (check one):

EQUITY MEMBERSHIP _____ AFFILIATE MEMBERSHIP(S) _____

ASSOCIATE MEMBERSHIP(S) _____ JUNIOR MEMBERSHIP _____ SPECIAL _____

Notes:

1. The Club requires one member to sponsor you by signing this form. If you do not know a member, please call the number above.
2. By signing this form, applicants for equity membership are subscribing to one share of stock of the Club at a cost of \$1,500, payable in installments of \$300 at the time of acceptance of your application and four installments of \$300 each payable annually commencing in October of the year following acceptance; all applicants will be billed for the annual dues applicable to their membership category prior to the beginning of the next golfing season
3. By signing this form all applicants are granting the Club permission to check their credit history.
4. Applications for Affiliate Memberships must provide proof of age and Junior Memberships must provide proof of school enrollment.

_____	_____
Applicant	Spouse (if applicable)
_____	_____
Sponsor	Parent Guarantor (if applicable)

Accepted: _____ Date: _____
Matt Krause, Membership Chair

MATT KRAUSE, MEMBERSHIP CHAIR, WILL BE GLAD TO ANSWER ANY QUESTIONS REGARDING THIS APPLICATION. HE CAN BE REACHED VIA EMAIL AT MATTHEW.WILLIAM.KRAUSE@GMAIL.COM