

MEMBERSHIP APPLICATION

Kingswood Golf Club appreciates your interest in membership. Please complete this application and mail it to the address above or deliver it to the office located in our clubhouse.

Your choice 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.

FULL NAME: _____

BIRTH DATE: ____/____/____ SOCIAL SECURITY #: ____/____/____

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

BIRTH DATE: ____/____/____ SOCIAL SECURITY #: ____/____/____

RESIDENCE ADDRESS: _____

Street

Town

State

Zip Code

MAILING ADDRESS: _____

Street

Town

State

Zip Code

EMAIL ADDRESS (Primary) _____

EMAIL ADDRESS (Spouse/Other) _____

PRIMARY TELEPHONE NO. _____ HOME CELL

SECONDARY TELEPHONE NO. _____ HOME CELL

WINTER ADDRESS (If different): _____

Street

Town

State

Zip Code

WINTER TELEPHONE NO. _____ HOME CELL

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

If you have any allergies you would like the club to be aware of (e.g. bee sting) please indicate below:

_____.

EMERGENCY CONTACT: _____ PHONE: _____

RELATIONSHIP: _____

I/WE ARE APPLYING FOR (check applicable):

EQUITY MEMBERSHIP(S) _____ TRY IT BEFORE YOU BUY IT _____

AFFILIATE MEMBERSHIP(S) _____ *FAMILY MEMBERSHIP _____

ASSOCIATE MEMBERSHIP(S) _____ COLLEGE STUDENT MEMBERSHIP _____

PRIVATE CLUB DUAL MEMBERSHIP _____ JUNIOR MEMBERSHIP _____

CART MEMBERSHIP _____ RANGE MEMBERSHIP _____

Notes:

1. The Club requires one member to sponsor you when signing this form. If you do not know a member, please contact the Club at (603) 569-3524 or at marketing@KingswoodGolfClub.com.
2. By signing this form, applicants for equity membership are subscribing to one share of stock in the Club at a cost of \$1,200, payable in installments of \$300 each, and 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 Signature Date

_____/_____/_____
Spouse Signature (if applicable) Date

*Children's' names if Family Membership _____

_____/_____/_____
Parent guarantor (if applicable) Date