

# Kingswood Golf Club, Inc.

P.O. Box 687

WOLFEBORO, NH 03894

(603) 569-3524      kingswoodgolf@metrocast.net



**Kingswood**  
GOLF CLUB / WOLFEBORO

*Beautiful 18 Hole Golf Course*

## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

EXISTING GHIN # (if applicable) \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

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) \_\_\_\_\_

AFFILIATE MEMBERSHIP(S) \_\_\_\_\_

ASSOCIATE MEMBERSHIP(S) \_\_\_\_\_

COLLEGE STUDENT MEMBERSHIP \_\_\_\_\_

PRIVATE CLUB DUAL MEMBERSHIP \_\_\_\_\_

JUNIOR MEMBERSHIP \_\_\_\_\_

CART MEMBERSHIP \_\_\_\_\_

RANGE MEMBERSHIP \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

Notes:

1. 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.
2. By signing this form all applicants are granting the Club permission to check their credit history.
3. 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