

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. 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