



2017 MEMBERSHIP FORM

MEMBERSHIP TYPES

- Full
Associate
Family
Dependent Child of a Member
Executive (19-30)
Junior (18 and under)
Senior Full
Senior Associate
Senior Family
GHIN Handicap (per person)

RATES

- \$1,720
\$1,300
\$2,335
\$330/\$100
\$865
\$440
\$1,550
\$1,178
\$2,100
\$35

THIS FORM MUST BE INCLUDED WITH MEMBER AND PAYMENT INFORMATION

Member's Name: _____ DOB: _____
Member's Name: _____ DOB: _____
Mailing Address
Street/PO Box: _____
City/Town: _____ State, Zip: _____
Home Phone: _____ Cell: _____
Email address: _____

IN CASE OF EMERGENCY

Contact Name: _____ Phone: _____

TYPE OF MEMBERSHIP

GHIN Handicap: add \$35.00 per person (students under 17 no charge) Amount: _____
TOTAL AMOUNT DUE: _____

METHOD OF PAYMENT

Payment plan available by credit or debit card only up to six monthly payments January to June 1st, 2017

OR Members may pay in full by March 1st to receive 2 free rounds of golf for guests

All other members \$500 paid by February 1st, balance in full by April 1st when the golf course opens for the season

I select _____ # of payments to be made on the 1st of the month in the amount of \$ _____

MC/VISA
DISCOVER
AMEX #: _____ Exp Date: _____ CVV Code: _____

Signature: _____ Date: _____

CHECK #: _____ Amount: _____

RETURN THIS FORM WITH PAYMENT BY MAIL TO ROCKPORT GOLF CLUB OR SCAN & EMAIL TO RGCBDOWN@GMAIL.COM

Please make checks payable to: Rockport Golf Club, PO Box 60, Rockport, MA 01966

Any questions concerning membership contact Kendra Dagle @ 978-857-5367 or kendradagle@gmail.com