

**BETHLEHEM COUNTRY CLUB  
MEMBERSHIP 2009 APPLICATION**

**APPLICANTS:**

Last Names: \_\_\_\_\_ First Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESIDENCY:**

Bethlehem Resident \*\* \_\_\_\_\_ Non-Resident \_\_\_\_\_

\*\*To qualify for RESIDENT rate applicants must be full time Bethlehem residents or pay property taxes to the Town of Bethlehem.

**MEMBERSHIP:**

Type: MW single \_\_\_\_\_ Single \_\_\_\_\_ Couple \_\_\_\_\_  
Family \_\_\_\_\_ College Student \_\_\_\_\_ Junior \_\_\_\_\_ 10 Play \_\_\_\_\_

Are you interested in our men's or ladies league? Yes \_\_\_\_\_ No \_\_\_\_\_

**ADDRESS:** (Mailing) Street \_\_\_\_\_ Town \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

**E-MAIL ADDRESS:**

Please print clearly as we will use this address to correspond  
Winter Mailing Address \_\_\_\_\_

**2009 GHIN MEMBERSHIP:** \$20.00 per person. # of GHIN memberships \_\_\_\_\_

NAME (S) \_\_\_\_\_

If previous GHIN membership was **not** with BCC, please include GHIN number.

**PAYMENT METHOD:** Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Total amount paid \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

If using your VISA or MASTERCARD, please complete and sign below

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please make checks payable to: Bethlehem Country Club**

Mail to: Bethlehem Country Club, Attn: Dave Pilotte

PO Box 445

Bethlehem, NH 035734

Questions Call 603-869-5745 (April 15<sup>th</sup> to October 31<sup>st</sup>)

603-444-3419 (Off Season)