

Member # _____
Member # _____
Type _____

BETHLEHEM COUNTRY CLUB
2017 NON-BETHLEHEM RESIDENT MEMBERSHIP APPLICATION

APPLICANTS:

Last Name(s): _____ First Name(s): _____

Mailing Address: Street _____
Town _____ State _____ Zip Code _____
Phone _____ Work _____

E-MAIL ADDRESS:

_____ Please print clearly as we will use this address to correspond

MEMBERSHIP TYPE:

AMOUNT PAID: (CIRCLE ALL THAT APPLY)
EARLY BIRD AFTER 5/15

Single:	Full Time	\$525	\$550
	Midweek	425	450
	FT College Student	225	250
	Junior	125	125
	Seasonal Cart	450	475
Couple:	Full Time	790	820
	Midweek	690	720
	Seasonal Cart	850	875
Family:	Full Time	920	950
10 Card:	Play – 18 Hole	250	250
	Ride – 18 Hole	160	160
	Ride – 12 Hole	120	120
GHIN:	BCC Member	30	35

TOTAL PAYMENT AMOUNT: _____

PAYMENT METHOD: Cash _____ Check _____ Credit Card _____

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

PO Box 189, Bethlehem, NH 03574

Questions Call 603-869-5745 (April 15th to October 31st) 603-616-8627 (Off Season)

MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERABLE