

Member # _____

Member # _____

Type _____

BETHLEHEM COUNTRY CLUB
2018 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	\$425	\$450
	Midweek	325	350
	FT College Student	200	225
	Junior	90	100
	Seasonal Cart	450	475
Couple:	Full Time	630	660
	Midweek	530	560
	Seasonal Cart	850	875
Family:	Full Time	800	850
10 Card:	Play – 18 Hole	250	250
	Ride – 18 Hole	160	160
	Ride – 12 Hole	120	120
GHIN:	BCC Member	30	30
	Non-Member	35	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) 603-616-1166 (Off Season)

MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERABLE