

Member # _____

Member # _____

Type _____

BETHLEHEM COUNTRY CLUB
2020 BETHLEHEM RESIDENT (TAXPAYER) 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	\$450	\$475
	Midweek	350	375
	FT College Student	200	225
	Junior	100	125
	Seasonal Cart	450	475
Couple:	Full Time	725	750
	Midweek	625	650
	Seasonal Cart	850	875
Family:	Full Time	875	900
10 Card:	Play – 18 Hole	275	275
	Play – 12 Hole	200	200
	Ride – 18 Hole	180	180
	Ride – 12 Hole	140	140
GHIN:	BCC Member	30	30
	Non-Member	40	40

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