

COBLESKILL GOLF AND COUNTRY CLUB

FALL 2022

FALL 2022 and 2023

Member Name(s)	PRINT CLEARLY
Children names AND BIRTHDATES	
Mailing Address	
e-Mail Address(s)	
Telephone(s)	

NO OTHER DISCOUNTS OR PROMOTIONS CAN BE COMBINED WITH THIS MEMBERSHIP CAMPAIGN

ONLY FOR NEW MEMBERS OR YOU MUST NOT HAVE BEEN A MEMBER FOR AT LEAST 3 YEARS

NO OPTIONS OTHER THAN DUES ARE AVAILABLE FOR THIS MEMBERSHIP CAMPAIGN

BALANCE DUE APRIL1, 2023

MEMBERSHIP OPTIONS WITH UNLIMITED GOLF	MINIMUM	
	full	deposit
SINGLE ADULT	\$950	\$475
COUPLE (married couples, domestic partners)	\$1,475	\$735
80+ Members (+\$780 for spouse under 80; +\$940 for a couple over 80)	\$470	\$235
UNDER 30 - SINGLE	\$745	\$370
UNDER 30 - COUPLE	\$1,155	\$575
YOUNG ADULT Age 19-25	\$365	\$180
YOUTH Age 12-18 (Parents are not members)	\$175	\$85
TO ADD YOUR CHILDREN TO ANY MEMBERSHIP, add ONLY one fee of \$60	\$60	\$30

BALANCE DUE APRIL 1, 2023

MEMBERSHIP OPTIONS WITH LIMITED GOLF		
WEEKDAYS ONLY - Single	\$700	\$350
WEEKDAYS ONLY - Couple	\$1,085	\$545

PAYMENT INCLUDED WITH APPLICATION			\$
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Men: Indicate the tees you wish to designate as YOUR DEFAULT TEES (red, silver or white)

Ladies are automatically designated red

RED _____ SILVER _____ WHITE _____

By completion of this form, I agree to the following: I understand and agree that as a member of the Cobleskill Golf & Country Club I accept complete responsibility for all dues and fees for the 2023 season. I further understand and agree that I am subject to the rules and regulations established by the governing authority of the club. I understand that all membership dues and fees must be paid in full before playing privileges are extended, unless installment arrangements are authorized by the Membership Chairman.

Return to: Roxanne Marks, Membership Chair

PO Box 34, Richmondville NY 12149

cgcc.membership@gmail.com

Call 518-466-6227 with any questions on membership or to arrange installment payments.

If using a credit card, PLEASE USE MAIL OR CALL ME (do not send via e-mail)

Charge to my credit card: VISA, MASTERCARD etc.

Card Number:

Expiration Date:

Three digit Security Code:

Signature:

Amount paid by Credit Card \$

office use only

application _____

TQ _____

DEP \$ _____

sheets _____

contacts _____

card _____

pkg _____