



2010 Membership Application Form

Member Name _____ Date of Birth _____

Spouse Name _____ Date of Birth _____

Email address (one per family) _____

Children / Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Address _____

City / State _____

Home Phone _____ Work Phone _____ Cell Phone _____

Membership Dues

Please choose type of membership and payment option for Golf Memberships. Single or Family, if paid in full by March 31, 2010, use the discounted rate options described below. After April 1, 2010 new rate increases apply.

	Dues paid in full by March 15, 2010	Dues effective April 1, 2010	
GOLF MEMBERSHIP			
<input type="checkbox"/> Single	\$ 1175	\$ 1250*	_____
<input type="checkbox"/> Family	\$ 1850	\$ 1975*	_____
<input type="checkbox"/> College Student. Full time, 22 & under	\$ 350	\$ 350	_____
<small>*Only available to non-golfing families. No weekend a.m. play</small>			
<input type="checkbox"/> Junior Golf. High school, 18 & under.	\$ 250	\$ 250	_____
<small>*Only available to non-golfing families. No weekend a.m. play</small>			
<input type="checkbox"/> GHIN Card	\$ 25	\$ 25	_____
<input type="checkbox"/> Locker Rental / year	\$ 75	\$ 75	_____
SOCIAL MEMBERSHIP			
<input type="checkbox"/> Single	\$ 350	\$ 350	_____
<input type="checkbox"/> Family	\$ 450	\$ 450	_____

Payments are due by designated payment option date for discounts to apply.

***A Payment plan option is available only for non-discounted 2010 dues.** Payment in six equal monthly payments starting Feb 1, 2010 and ending July 1, 2010. A credit card must be on file for the six monthly payment option and approval that MACC will bill for those six months to your credit card.
 Single Membership: make six monthly payments of \$208. February 1 to July 1, 2010
 Family Membership: make six monthly payments of \$329. February 1 to July 1, 2010

****Vermont sales tax of 6% is applicable to all membership dues.**

	Sales Tax**
	TOTAL

Form of Payment: Check Credit Card : VISA MasterCard American Express Discover

Credit Card Account # _____ Exp. Date _____

Signature _____