

2024 NEW MEMBERSHIP APPLICATION

CONTACT INFORMATION:			
Name:	Name:(Spause/Damestic Pr	Name:(Spouse/Domestic Partner for Family Membership)	
DOB:	(1	articl for Family Weinocisinp)	
Cell Phone: ())	
Home Phone: ()	
Email:			
Mailing address.			
City, State, Zip code:			
	DOB:		
Child's Name:	DOB:		
Child's Name:	DOB:		
TYPE OF MEMBERSHIP:	ber is one who has not been a member of AC		
,		• •	
Individual - \$905/\$875*	· · ·		
family (includes spouse/	domestic partner and children < 12) - \$1,340	0/\$1,300*	
Annual Dues:			
Adult: Age 36 – 64	Senior: Age 65 (as of April 1st)	Young Adult: Age 19 –35 (As of April 1st)	
Adult - \$1,190/\$1,150*	Senior - \$1,055/\$1,020*	Y Young Adult - \$905/\$875*	
Family - \$1,775/\$1,720*	Senior Family - \$1,640/1,590*		
Jr. (≤12 yrs.) - \$190/\$185*	Junior (13-18 yrs.) - \$310/\$300*	Jr. w Family (13-18 yrs.) - \$165/\$160*	
Corporate Memberships are also	o available.		
Payment is accepted by credit c Dues amounts with asterisk (*	ard, cash or check. (a) reflect a discount with payment by c	ash or check.	
Signed:	Date:		
Please return this form to the Pro	o Shop at: Amherst Golf Club, Inc., P.O	D. Box 874, Amherst, MA, 01004	
You may use our on-line payme http://amherstgolfclub.org/on-line or mail your check with your co		sh & form at the Pro Shop	