

2017 Membership Application

Please Print

Name: _____

Address: _____

City, State and Zip: _____

E-Mail Address: _____

Spouse E-Mail (if Husband and Wife): _____

Length of time at this address: _____

Home Telephone: _____ Work Telephone: _____

Occupation: _____

Employer: _____

Length of time with this employer: _____

I understand the information included in this packet concerning Membership at London Downs Golf Club and hereby agree to the Membership benefits, fee schedule and Rules and Regulations of the Club. I further acknowledge that the golf course and other facilities are open to the public and host daily fee golfers, corporate and charity outings on a regular basis and that the golf course may not be available each time that I choose to play.

If at any time my Membership dues and/or other charges are 60 days past due, I understand my Membership privileges will be suspended until my account is paid. If my Membership is terminated by me or London Downs Golf Club, I agree to honor all financial obligations owed by me to the Club.

I agree that the Membership for a new Member is for a minimum of 12 months from the date this Application is signed and that I may resign at any time after the first 12 months with a 30-day written notice to the Club.

If a member decides to rejoin after resigning, a \$500 reinstatement fee will be required to re-activate membership privileges.

I request Membership Class: _____

I request my method of dues payments to be: Annual____ Semi-Annual____ Quarterly____ Monthly____

Effective date of Membership: _____

Signature: _____ Date: _____