

THE MAPLEWOOD GOLF CLUB 2024 MEMBERSHIP APPLICATION (please complete all information)

Date:				
Name:				
Address:	(Street)			
	(Town/City)	State	Zip Code	
Telephon	e Number:			
Email Ad	dress:			
Type of N	Aembership: if new membe	er, please check here: ()*	
	 () Family () Senior Single* () Senior Couple* () Junior* 	() 10 round walking	łweek* eekend* (\$400)	\$
Season Cart Rental (\$650.00 pp)				\$
Member Cart Card (10 rounds - \$190 pp)				\$
NH GHIN (\$40.00):				\$
Total Amount Paid:				\$
· · ·	17 and under) Senior (65 a IEMBERS – MIDWEEK	,	ay)	