



## 2022 Equity Membership Application

Membership Type	Description	Equity Member
Jr. Single	Age 18-29	\$500+8% tax +HDCP Fee = \$ 570.00
"Thirty-Something's" Single	Age 30-35	\$750+8% tax +HDCP Fee = \$ 840.00
Single	Age 36-64	\$1250+8% tax +HDCP Fee = \$1380.00
Sr. Single	Age 65 +	\$1150+8% tax +HDCP Fee = \$1272.00
Super Sr. Single	Age 75+ & 10 year member	\$625+8% tax +HDCP Fee = \$ 705.00
Family	Spouse + 2 Children (under 18)	\$1750+8% tax +HDCP Fee = \$1950.00
Sr. Family	Age 65 +	\$1500+8% tax +HDCP Fee = \$1680.00
Single Parent Family	1 parent + children (under 18)	\$1400+8% tax +HDCP Fee = \$1572.00
Weekday Pass	No Tournament Play	\$850+8% tax +HDCP Fee = \$ 946.00
<b>LATE FEE</b>	<b>DUES PAID AFTER 11/15</b>	<b>\$ 50.00</b>

Cart Plan	Description	Annual Rate
Single	Unlimited use for Single "Member"	\$500+8% tax = \$540.00
Family	Unlimited use for Family "Members"	\$800+8% tax = \$864.00

Membership Information	
Name:	Date of Birth:
Address:	City, State Zip:
Phone #:	E-Mail:
Spouse's Name:	Date of Birth:
Dependent Child(ren) Name(s):	Date of Birth:
Membership Type:	Membership Rate:     \$ <input style="width: 100px;" type="text"/>
Cart Plan:	Cart Plan Rate:         \$ <input style="width: 100px;" type="text"/>
Payment In Full Enclosed _____ or EFT _____	Total Amount Due:     \$ <input style="width: 100px;" type="text"/>

## EFT Funds Transfer authorization

<b>Application Information</b>	
Name:	Membership Type:
Payment Frequency monthly Payable in equal payments for a period of 12 months.	
Equity Member Draft Choice (select one): 15 <sup>th</sup> _____ or 30 <sup>th</sup> _____ of each month	
Start Date: November _____ 2021	End Date: October _____ 2022
Total Amount Due: \$ [REDACTED] 12 payments = \$ [REDACTED] Authorized per month	
*Note: We will draft your account for the 1 <sup>st</sup> payment when we receive your application and voided check NO later than 11/15/2021	
Account owners name:	
Account owners address:	
Financial institution name:	
Bank Routing Number:	
Account Number:	
Account Type (Circle One):    Savings                      Checking	
Signature of account holder:	Date:

**ATTACH Voided Check**

**Mail to:  
Livingston Country Club  
Attn: 2022 Membership  
PO Box 266  
Geneseo, NY 14454**