



## 2020 Golfing Membership Application

Membership Type	Description	Golfing Member
Jr. Single	Ages 18-29	\$500.00
"Thirty-Something's" Single	Age 30-35	\$750.00
Single	Age 36-64	\$1300.00
Sr. Single	Age 65 +	\$1200.00
Super Sr. Single	Age 75+ & 10 yr member	\$625.00
Family	Spouse + 2 Children (under 18)	\$1750.00
Sr. Family	Age 65 +	\$1500.00
Single Parent Family	1 parent + children (under 18)	\$1400.00
Weekday Pass	No Tournament Play	\$850.00

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"/>
Sponsored: YES NO Sponsor:	Discount: \$ <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.	
<b>Golfing Member Draft Choice: 20<sup>th</sup></b> of each month	
Start Date: November _____ 2019	End Date: October _____ 2020
Total Amount Due: \$ [ ] 12 payments = \$ [ ] 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 11/15/2019	
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: 2020 Membership  
PO Box 266  
Geneseo, NY 14454**