



A Long Tradition - A New Vision - Affordable Private Golf

2010 Full Membership Application

Name(s) _____ Telephone _____
_____ Email _____
Address _____ Birth Date _____
City _____ Birth Date _____
State _____ Zip Code _____

Type of membership –please check one:

Full Individual Membership.....\$2,400.00

Full course privileges, ownership and voting rights

Family Membership.....\$4,400.00

Full course privileges for two adults, limited privileges for all dependent children in the same household; ownership and voting rights for two adults

Couples Membership.....\$4,200.00

Full course privileges for two adults living in the same household; ownership and voting rights

•Initiation Fee.....Waived

One-time fee for each adult voting member

I the undersigned, hereby make application for membership in the Maynard Country Club and if accepted, agree to abide by all the rules and policies of the club.

Applicant Signature _____ Date _____

Sponsor _____ Sponsor _____

Please mail check payable to Maynard Country Club to Member Services Committee to Maynard Country Club, P.O. Box 237, Maynard MA 01754 – (978) 897-9885, Ext 6 Visit maynardcc.com

Visa and MasterCard accepted in person at the MCC office.