



A Long Tradition - A New Vision - Affordable Private Golf

2010 Limited Membership Application

Name _____ Telephone _____

Address _____ Email _____

City _____ Birth Date _____

State _____ Zip Code _____

Type of membership –please check one:

Limited Membership.....\$2,100.00

Play Monday through Friday all day, after 2:00PM weekends and holidays, ownership and voting rights

•Initiation Fee.....Waived

One-time fee for Limited Members

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.
