



*A Long Tradition - A New Vision - Affordable Private Golf*

**2008 Limited Membership Application**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ Birth Date \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Type of membership –please check one:*

**Limited Membership.....\$1,795.00**  
*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*

Monthly Minimum: May to October.....**\$50.00**

**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.