



WAUKEWAN GOLF CLUB

2011 Application

Send payment to:
Waukewan Golf Club
PO Box 403
Meredith, NH 03253

APPLICATION FOR MEMBERSHIP *(Submit with payment)*

Date of Application: _____

Name(s): _____

Address (winter): _____

Address (summer): _____

E-Mail Address: _____

Telephone (winter): _____

(Summer): _____

I am paying by check.
My Check is enclosed. _____

Credit Card Purchase: Visa / Master Card / American Express
(Please circle the card you are using)

Name on Credit Card:

Total Amt. of Purchase: \$ _____

Credit Card Number: _____

Authorization Code (Back of card) _____

Expiration: _____ Billing Zip Code: _____

Please Check All That Apply To Payment

- Full Membership _____
- Full 2nd Dependent _____
- Weekday Membership _____
- Weekday 2nd Dependent _____
- Junior/Student/Clergy _____
- Family Membership _____
- Season Golf Cart _____
- Season Golf Cart (2nd dependent) _____
- Club Storage _____

Bonus Choice (valid until March 31st)

- 5 Golf Cart passes _____ 2nd dependent _____
- Driving Range _____ 2nd dependent _____