



CALEDONIA GOLF CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Company Name / Name:

Address:

City:

State:

ZIP Code:

Phone:

Email:

MEMBERSHIP OPTIONS

- | | |
|---|---|
| <input type="checkbox"/> Individual Membership \$399 | <input type="checkbox"/> Individual Membership + Cart \$699 |
| <input type="checkbox"/> Couples Membership \$699 | <input type="checkbox"/> Couples Membership + Cart \$1199 |
| <input type="checkbox"/> Family Membership \$899 (up to 3 Kids) | <input type="checkbox"/> Family Membership + Cart \$1199 |
| <input type="checkbox"/> Corporate Membership \$999 | <input type="checkbox"/> Corporate Membership + Cart \$2499 |

****Corporate Membership Must pay a Cart Fee \$10.00****

MEMBER INFORMATION

Name:

Email:

Address:

Phone:

City:

State:

ZIP Code:

MEMBER INFORMATION

Name:

Email:

Address:

Phone:

City:

State:

ZIP Code:

MEMBER INFORMATION

Name:

Email:

Address:

Phone:

City:

State:

ZIP Code:

MEMBER INFORMATION

Name:

Email:

Address:

Phone:

City:

State:

ZIP Code:

CHILDREN MEMBERSHIP PRIVILEGES DESIRED

Name:

Name:

Name:

SIGNATURES

Signature of applicant:

Date:

Signature of applicant:

Date:

Signature of applicant:

Date:

Signature of applicant:

Date:

Mailing Address: Caledonia Golf Club
P.O. Box 195
Fayetteville, PA 17222