

**Thomas Memorial Golf & Country Club  
PO Box 16  
29 Country Club Lane  
Turners Falls, MA 01376**

**2022 Current Member Renewal Application**

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Name & Birthdates of Dependent Children: \_\_\_\_\_  
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Individual -----	\$725
2 <sup>nd</sup> Adult (at same Address) -----	\$495
Additional Dependent-----	\$175
(dependent of full member, under age 22 if a full time student and MUST present a student ID)	
Student, not dependent of current member-----	\$300
(must be a full time student, under age 22, MUST present a student ID)	
High School student and under -----	\$200
Trail Fee-----	\$450
Golf Cart Pass -----	\$500
Golf Cart Pass 2 <sup>nd</sup> Family Member-----	\$275
Corporate Certificate -----	\$200
Locker Rental -----	\$25
Sub-Total -----	\$ _____
Corporate Certificate -----	\$ _____
Total -----	\$ _____
Payment/Date -----	\$ _____
Balance Due -----	\$ _____

**ALL non-refundable Memberships, plus any Trail or Golf Cart Pass Fees must be PAID in FULL prior to play.** I hereby apply for membership at Thomas Memorial Golf & Country Club & agree to abide by its rules, including responsibility for any damage while renting/using a golf cart.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Approval by Board of Directors \_\_\_\_\_ Date \_\_\_\_\_  
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