

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

2022 Membership Application

Name: _____
Name: _____
Street: _____ Town: _____
State: _____ Zip: _____ Phone: _____
E-mail: _____
Name & Birthdates of Dependent Children: _____

Individual -----	\$725
2 nd 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 nd Family Member-----	\$275
2022 Golf Handicaps – GHIN (World) -----	\$55
Handicomp -----	\$15
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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