

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

2024 Member Renewal

Name: _____

Name: _____

Street: _____ Town: _____

State: _____ Zip: _____ Phone: _____

E-mail: _____

Name & Birthdates of Dependent Children joining: _____

Individual ----- \$625 (must pay \$300 by 1/31/2024 and the balance by 3/31/2024 (After 1/31/2024 price will be \$755))

2nd Adult (at same Address) ----- \$525

Additional Dependent----- \$205

(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 –for 2024 only----- \$550

Cart Pass second member in the family----- \$325

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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