



2020 Membership Application

Date _____

Authorized By _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

MEMBER IN 2019 YES NO EXISTING GHIN YES NO # _____ CLUB _____

TELEPHONE: Home: _____ Work: _____ Cell: _____

E-mail: _____

PLEASE CHECK THE APPROPRIATE MEMBERSHIP & CIRCLE THE PAYMENT PLAN YOU ARE PURCHASING

		<u>Senior</u> <u>Rate</u>	
Full Memberships			
<input type="checkbox"/>	INDIVIDUAL	\$1600.00	\$1325.00 _____
<input type="checkbox"/>	FAMILY (Includes children/grandchildren under age 17)	\$2500.00	\$1950.00 _____
<input type="checkbox"/>	COLLEGE (Full Time Student ID Required)	\$ 625.00	_____
<input type="checkbox"/>	YOUNG ADULT (Ages 18-39)	\$1025.00	_____
<input type="checkbox"/>	JUNIOR (Ages 17 and under)	\$ 300.00	_____
Weekday Memberships			
<input type="checkbox"/>	INDIVIDUAL	\$1300.00	\$1200.00 _____
<input type="checkbox"/>	FAMILY (Includes children/grandchildren under age 17)	\$1950.00	\$1850.00 _____
Twilight Memberships			
<input type="checkbox"/>	Twilight (After 1pm)	\$1200.00	\$1150.00 _____
Tri Golf Privileges		\$ 750.00	_____
Cart Memberships			
<input type="checkbox"/>	INDIVIDUAL	\$ 850.00	_____
<input type="checkbox"/>	WEEKDAY	\$ 750.00	_____
<input type="checkbox"/>	FAMILY (Includes children/grandchildren under age 17)	\$1300.00	_____
Driving Range Memberships			
<input type="checkbox"/>	INDIVIDUAL MEMBER	\$ 325.00	_____
<input type="checkbox"/>	NON-MEMBER	\$ 499.00	_____
2020 GHIN Handicap		\$ 35.00	_____

TOTAL DUE _____

TOTAL PAID _____

Payment Method: Cash Check MasterCard Visa Discover

I / We acknowledge by signing below that I / We have read and understand all the information in the 2020 Ridgewood Country Club information package. (All adults joining must sign below before application can be accepted.)

Signature

Signature