

2019 Membership Application

NAME _____
LAST FIRST MIDDLE

CAPE ADDRESS _____
No & STREET TOWN ZIP

PHONE _____ **Date of Birth** _____

EMAIL _____

I agree to abide by the rules and regulations as set forth by the Harwich Golf Course Management and as listed on the CV website. I understand that the Management may suspend any member for conduct not in the best interest of the golf course. **The information I have provided regarding my eligibility as a resident/taxpayer is true. I also understand that this yearly fee is non-refundable and non-transferable.**

APPLICANT'S SIGNATURE _____ PARENT/GUARDIAN FOR JUNIORS _____ # Of Years as a CV Member _____

Please check desired fee to be purchased

The following membership fees include payments into the Capital Improvement Fund and the Revitalization Fund

- _____ ADULT HARWICH OR CHATHAM RESIDENT (4 ADULT MEM PER RESIDENCE) \$790
- _____ HARWICH EMPLOYEE OR HARWICH BUSINESS OWNER (2 PER BUSINESS) \$790
- _____ ADULT EASTHAM OR ORLEANS RESIDENT \$890
- _____ ADULT NON-RESIDENT \$1090
- _____ YOUNG ADULT HARWICH/CHATHAM (19-30 YRS AS OF MAY 1ST) \$490
- _____ JUNIOR STUDENT HARWICH/CHATHAM RESIDENT (7-18 YRS AS OF MAY 1ST) \$150
- _____ JR NON RESIDENT \$350
- _____ NEW GHIN (No previous GHIN at any club) \$45
- _____ GHIN HANDICAP RENEWAL (GHIN # _____) \$45

Ladies: _____ I want a 9-HOLE HANDICAP _____ I want an 18-HOLE HANDICAP
Default Tees (REQUIRED) _____ Blue _____ White _____ Silver _____ Red _____ Green

PROOF OF RESIDENCY/TAXPAYER STATUS
Please Include
○ A VALID DRIVER'S LICENSE <i>AND EITHER</i>
○ CURRENT REAL ESTATE TAX/UTILITY BILL OR
○ CURRENT AUTO REGISTRATION
BIRTH CERTIFICATE IS NEEDED FOR ALL JUNIOR APPLICANTS

Payments can be made by Cash, Check or Credit Card (**Credit Cards incur a \$22 processing fee for memberships and \$1 for GHIN**)
Checks payable to: Town of Harwich
Mailed to: Cranberry Valley Golf Course 183 Oak Street, Harwich, MA 02645

TO PAY MEMBERSHIP ONLINE USING MASTERCARD, VISA, AMEX, OR DISCOVER, GO TO www.cranberryvalley.golf

CREDIT CARD NUMBER: _____ EXP.: _____ CVV: _____

NAME ON CREDIT CARD: _____ SIGNATURE: _____

OFFICE USE ONLY:

EMPLOYEE: _____ DATE: _____ MEM # _____

CASH CHECK # _____ CREDIT CARD GIFT CERTIFICATE

DATE ENTERED IN GHIN _____ AMOUNT _____