

2010 MEMBERSHIP APPLICATION

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____ WINTER: _____

TOWN: _____ ZIP _____

CONTACT NUMBERS: PHONES: DAY: _____

DOB: _____ EVE: _____ CELL: _____

EMAIL: _____

MEMBERSHIP CATEGORY: _____ NEW OR
RENEWAL _____

PAYMENT INFO: CASH, VISA, MASTERCARD, AMEX, ... OR CHECKS MADE
PAYABLE TO:

BAY POINTE CC. PO Box 1700 ONSET, 02558

FOR OFFICE USE ONLY:

AMOUNT RECEIVED _____ DATE _____
FORM _____

BALANCE _____ DATE _____ FORM _____

RECEIPT OF MEMBERSHIP BAG TAG: _____

2009 USGA/ GHIN HANDICAP SERVICE FEE \$50 -
(17 YRS. OR YOUNGER: N/C)

CURRENT GHIN # _____ CLUB _____

CREATE NEW GHIN # _____ TRANSFER _____

AMOUNT / DATE PAID 2008 HANDICAP FEE _____ / _____

ENTERED BY _____ DATE _____

Available credit for 2010 _____ 2011 _____

BayPointeCC.net

_____ BP Village Resident - _____ Former Club Affiliation