



2019 Golfing Membership Application

Membership Type	Description	Golfing Member
Jr. Single	Ages 18-29	\$500.00
"Thirty-Something's" Single	Age 30-36	\$750.00
Single	Ages 37-64	\$1300.00
Sr. Single	Age 65 +	\$1200.00
Super Sr. Single	Age 75+ & 10yr member	\$675.00
Family	Spouse + 2 Children (under 18)	\$1800.00
Sr. Family	Age 65 +	\$1550.00
Single Parent Family	1 parent + children (under 18)	\$1450.00
First Time Single	Non-Sponsored	\$900.00
Weekday Pass	No Tournament Play	\$850.00
College	Full time student with ID	\$350.00
High School Student	Under 18	\$250.00

Cart Plan	Description	Annual Rate
Single	Unlimited use for Single "Member"	\$500+8% tax= \$540.00
Family	Unlimited use for Family "Members"	\$800+8% tax= \$864.00

Membership Information	
Name:	Date of Birth:
Address:	City, State Zip:
Phone #:	E-Mail:
Spouse's Name:	Date of Birth:
Dependent Child(ren) Name(s):	Date of Birth:
Membership Type:	Membership Rate: \$ <input style="width: 100px;" type="text"/>
Cart Plan:	Cart Plan Rate: \$ <input style="width: 100px;" type="text"/>
Payment In Full Enclosed _____ or EFT _____	Total Amount Due: \$ <input style="width: 100px;" type="text"/>

EFT Funds Transfer authorization

Application Information	
Name:	Membership Type:
Payment Frequency monthly Payable in equal payments for a period of 12 months.	
Golfing Member Draft: 20th _____ of each month	
Start Date: November 20, 2018	End Date: October 20, 2019
Total Amount Due: \$ 12 payments = \$ Authorized per month	
*Note: We will draft your account for the 1 st payment when we receive your application and voided check NO later than 11/15/2018	
Account owners name:	
Account owners address:	
Financial institution name:	
Bank Routing Number:	
Account Number:	
Account Type (Circle One): Savings Checking	
Signature of account holder: _____ Date: _____	

ATTACH Voided Check

**Mail to:
Livingston Country Club
Attn: 2018 Membership
PO Box 266
Geneseo, NY 14454**