

Membership Application

Name:		Prior 🗌 New
Mailing Address:		
(Street or PO Box #)		
(City)	(State)	(Zip)
Cell Phone:	Home Phone:	
Employer:	Work Phone:	
Email:	Date of Birth:	
Spouse:	Date of Birth:	
Spouse Email:	Spouse Cell Phone:	
Children (if applicable):		
Name:		Age:
Name:		Age:
Name:		Age:
Membership Classification Requested:		

I acknowledge that the information provided in this application for membership to Crumpin-Fox Golf Club (CFC) is true and correct. I hereby authorize the club to evaluate my application for acceptance to become part of the membership and agree to the following:

I agree that my guests and I will abide by the rules and regulations of CFC as now in effect or amended hereafter; I understand that failure to make any payments by the due date may result in the suspension or cancellation of my membership privileges.

Applicant Signature _____

Date:__



2023 Membership Rates

Name:_____

2023 Memberships	2023 Dues	Pay In Full 4% off if Paid by March 31st
Weekday Member Weekday Family	\$2,625.00 \$3,950.00	\$2,520.00 \$3,792.00
YoungProfessional (18 - 37)	\$2,900.00	\$2,784.00
Young Professional Family (18-37; includes spouse and all children under the age of 18)	\$3,780.00	\$3,628.80
Single Member (38 and older)	\$3,950.00	\$3,792.00
Family / Couple (38 and older; includes spouse and all children under the age of 18)	\$5,775.00	\$5,544.00
Twilight Membership	\$1,850.00	\$1,776.00
Twilight Family 2 people from the family	\$3,050.00	\$2,928.00

CREDIT CARD AUTHORIZATION

Name on Credit Card		
Credit Card Number	_Expiration Date	_CVV (3 Digit Security Code)
Billing Address		
City	_State	_Zip

I authorize the club to obtain such information as the club deems necessary to extend credit to me under a membership account at the Crumpin Fox Golf Club. Applicant and corporate designee (if applicable) agrees to conform, abide by and be bound to the membership fees, rules and regulations of the club as they may be amended from time to time.