

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 (CFC) is true and correct. I hereby authorize the part of the membership and agree to the follow	e club to evaluate my application for	
■ I agree that my guests and I will abide by thereafter; I understand that failure to make a cancellation of my membership privileges.		
Applicant Signature		Date:



2025 Membership Rates

Na	Name:				
	2025 Memberships	2025 Dues			
	Weekday Member Weekday Family	\$2,865.00 \$4,300.00			
	Young Professional (18 - 37)	\$3,160.00			
	Young Professional Family (18-37; includes spouse and all children under the age of 18)	\$4,125.00			
	Single Member (38 and older)	\$4,300.00			
	Family / Couple (38 and older; includes spouse and all children under the age of 18)	\$6,300.00			
	Twilight Membership	\$2,020.00			
	Twilight Family 2 people from the family	\$3,325.00			
C	REDIT CARD AUTHORIZATION				
	nme on Credit Card			-	
	edit Card Number	-	CVV (3 Digit Security Code)	-	
	lling Address			-	
Cit	ty	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.