



# 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: \_\_\_\_\_





# Membership Dues:

Name: \_\_\_\_\_

## 2026 Membership:

## 2026 Dues:

- |                          |  |                   |
|--------------------------|--|-------------------|
| <input type="checkbox"/> | <b>Weekday Member</b>  | <b>\$2,935.00</b> |
| <input type="checkbox"/> | <b>Weekday Family</b>  | <b>\$4,400.00</b> |
| <input type="checkbox"/> | <b>Young Professional<br/>(19 - 31)</b>  | <b>\$3,240.00</b> |
| <input type="checkbox"/> | <b>Young Professional Family</b><br>19-31 includes spouse and all<br>children under the age of 18)   | <b>\$4,230.00</b> |
| <input type="checkbox"/> | <b>Single Member</b><br>(32 and older)   | <b>\$4,400.00</b> |
| <input type="checkbox"/> | <b>Family / Couple</b><br>(32 and older; includes spouse<br>and all children under the age<br>of 18) | <b>\$6,460.00</b> |
| <input type="checkbox"/> | <b>Twilight Membership</b>   | <b>\$2,080.00</b> |
| <input type="checkbox"/> | <b>Twilight Family</b><br>2 people from the family   | <b>\$3,400.00</b> |

\*\*Children aged 19 to 22 may be added to Single and Family Memberships for \$1000

## 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.***