



2024 Golfing Membership Application

Membership Type	Description	Golfing Member
Jr. Single	Ages 18-29	\$600.00 + HDCP Fee = \$630.00
"Thirty-Something's" Single	Age 30-35	\$900.00 + HDCP Fee = \$930.00
Single	Age 36-64	\$1300.00 + HDCP Fee = \$1330.00
Sr. Single	Age 65 +	\$1200.00 + HDCP Fee = \$1230.00
Super Sr. Single	Age 75+ & 10 year member	\$625.00 + HDCP Fee = \$655.00
Family	Spouse + 2 Children (under 18)	\$1800.00 + HDCP Fee = \$1860.00
Sr. Family	Age 65 +	\$1650.00 + HDCP Fee = \$1710.00
Single Parent Family	1 parent + children (under 18)	\$1450.00 + HDCP Fee = \$1510.00
Weekday Pass	No Tournament Play	\$1000.00 + HDCP Fee = \$1030.00
College	GHIN Handicap Optional	\$350.00 + HDCP Fee = \$380.00
High School	GHIN Handicap Optional	\$250.00 + HDCP Fee = \$280.00

Cart Plan	Description	Annual Rate
Single	Unlimited use for Single "Member"	\$600+8% tax= \$648.00
Family	Unlimited use for Family "Members"	\$900+8% tax= \$972.00

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"/>
Sponsored: YES NO Sponsor:	Discount: \$ <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 Choice: 20 th of each month	
Start Date: November _____ 2023	End Date: October _____ 2024
Total Amount Due: \$ [REDACTED] 12 payments = \$ [REDACTED] 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 11/15/2023	
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: 2024 Membership
PO Box 266
Geneseo, NY 14454**