



## 2025 Golfing Membership Application

Membership Type	Description (Age as of 4/1)	Golfing Member
Jr. Single	Ages 18-24	\$650.00
Intermediate Single	Age 25-29	\$950.00
Single	Age 30-64	\$1400.00
Sr. Single	Age 65-79	\$1250.00
Super Sr. Single	Age 80+ (Free Cart)	\$650.00
Family	Spouse + 2 Children (under 18)	\$1900.00
Sr. Family	Age 65 +	\$1750.00
Single Parent Family	1 parent + children (under 18)	\$1650.00
Weekday Pass	No Tournament Play	\$1000.00
College	GHIN Handicap Optional	\$350.00
High School	GHIN Handicap Optional	\$250.00

Cart Plan	Description	Annual Rate
Single	Unlimited use for Single "Member"	\$600+8% tax (\$48). = \$648.00
Family	Unlimited use for Family "Members"	\$900+8% tax (\$72). = \$972.00

Membership Information	
Name:	Date of Birth:
Address:	City, State Zip:
Phone #:	E-Mail:
Family Member Name(s):	Date of Birth:
Membership Type:                      Sponsored: YES   NO	Membership Rate:    \$ <input style="width: 100px;" type="text"/>
YEAR: 1 (35%) 2 (25%) 3 (15%) 4 (5%)	Sponsored Discount: \$ <input style="width: 100px;" type="text"/>
Cart Plan:	Cart Plan Rate:        \$ <input style="width: 100px;" type="text"/>
Circle: Season Range (\$100)   Season Bag Storage (\$100)	Range/Storage:        \$ <input style="width: 100px;" type="text"/>
<b>MANDATORY Handicap Fee: \$40.00/player</b>	Handicap Fee:         \$ <input style="width: 100px; background-color: #cccccc;" type="text" value="\$40.00"/>
Payment In Full Enclosed _____ or EFT _____	Total Amount Due:    \$ <input style="width: 100px; background-color: #cccccc;" 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 <sup>th</sup> of each month	
Start Date: November _____ 2024	End Date: October _____ 2025
Total Amount Due: \$ [REDACTED] 12 payments = \$ [REDACTED] Authorized per month	
*Note: We will draft your account for the 1 <sup>st</sup> payment when we receive your application and voided check NO later than 11/15/2024	
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: 2025 Membership  
PO Box 266  
Geneseo, NY 14454**