



## 2025 Equity Membership Application

Membership Type	Description (Age as of 4/1)	Equity Member	
Jr. Single	Age 18-24	\$550+8% tax (\$44)	= \$594.00
Intermediate Single	Age 25-29	\$850+8% tax (\$68)	= \$918.00
Single	Age 30-64	\$1275+8% tax (\$102).	= \$1377.00
Sr. Single	Age 65-74	\$1100+8% tax (\$88).	= \$1188.00
Super Sr. Single	Age 75 + (Free Cart)	\$725+8% tax (\$52).	= \$783.00
Family	Spouse + 2 Children (under 18)	\$1750+8% tax (\$140).	= \$1890.00
Sr. Family	Age 65 +	\$1600+8% tax (\$128).	= \$1728.00
Single Parent Family	1 parent + children (under 18)	\$1500+8% tax (\$120).	= \$1620.00
Weekday Pass	No Tournament Play	\$900+8% tax (\$72).	= \$972.00
<b>LATE FEE</b>	<b>DUES PAID AFTER 11/15</b>		\$50.00

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:	Membership Rate:   \$ <input style="width: 100px;" type="text"/>
Cart Plan:	Cart Plan Rate:   \$ <input style="width: 100px;" type="text"/>
Circle: Season Range (\$50)    Season Bag Storage (\$50)	Range/Storage:   \$ <input style="width: 100px;" type="text"/>
<b>MANDATORY Handicap Fee: \$40.00/player</b>	Handicap Fee:   \$ <input style="width: 100px; text-align: center;" type="text" value="40.00"/>
Payment In Full Enclosed _____ or EFT _____	Total Amount Due:   \$ <input style="width: 100px;" type="text"/>

**EFT Funds Transfer authorization**

<b>Application Information</b>	
Name:	Membership Type:
Payment Frequency monthly Payable in equal payments for a period of 12 months.	
Equity Member Draft Choice (select one): 15 <sup>th</sup> _____ or 30 <sup>th</sup> _____ of each month	
Start Date: November _____ 2023	End Date: October _____ 2024
Total Amount Due: \$ _____ 12 payments = \$ _____ 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 11/15/2023	
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: 2025 Membership  
PO Box 266  
Geneseo, NY 14454**