



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-10 yr member)	\$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
LATE FEE	DUES PAID AFTER 11/15		\$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 type="text"/>
Cart Plan:		Cart Plan Rate:	\$ <input type="text"/>
Circle: Season Range (\$50) Season Bag Storage (\$50)		Range/Storage:	\$ <input type="text"/>
MANDATORY Handicap Fee: \$40.00/player		Handicap Fee:	\$ <input type="text" value="40.00"/>
Payment In Full Enclosed _____ or EFT _____		Total Amount Due:	\$ <input type="text"/>

EFT Funds Transfer authorization

Application Information	
Name:	Membership Type:
Payment Frequency monthly Payable in equal payments for a period of 12 months.	
Equity Member Draft Choice (select one): 15 th _____ or 30 th _____ 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 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: 2025 Membership
PO Box 266
Geneseo, NY 14454**