



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 65-74	\$1250.00
Super Sr. Single	Age 75 +(Free Cart-10 yr member)	\$825.00
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 YEAR: 1 (35%) 2 (25%) 3 (15%) 4 (5%)	Membership Rate: \$ <input style="width: 80px;" type="text"/> Sponsored Discount: \$ <input style="width: 80px;" type="text"/>
Cart Plan:	Cart Plan Rate: \$ <input style="width: 80px;" type="text"/>
Circle: Season Range (\$100) Season Bag Storage (\$100)	Range/Storage: \$ <input style="width: 80px;" type="text"/>
MANDATORY Handicap Fee: \$40.00/player	Handicap Fee: \$ <input style="width: 80px; background-color: #cccccc;" type="text" value="\$40.00"/>
Payment In Full Enclosed _____ or EFT _____	Total Amount Due: \$ <input style="width: 80px; 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 th 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 st 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**