2026 Golfing Membership Application

Membership Type	Description (Age as of 4/1)	Golfing Member
Jr. Single	Ages 18-24	$750.00 (includes unlimited range)
Intermediate Single	Age 25-29	$1050.00 (includes unlimited range)
Single	Age 30-64	$1500.00 (includes unlimited range)
Sr. Single	Age 65-74	$1350.00 (includes unlimited range)
Super Sr. Single	Age 75 +(Free Cart–10 yr member)	$825.00 (includes unlimited range)
Family	Spouse + 2 Children (under 18)	$2000.00 (includes unlimited range)
Sr. Family	Age 65 +	$1850.00 (includes unlimited range)
Single Parent Family	1 parent + children (under 18)	$1750.00 (includes unlimited range)
Weekday Pass	No Tournament Play	$1100.00 (includes unlimited range)
College	GHIN Handicap Optional	$400.00 (includes unlimited range)
High School	GHIN Handicap Optional	$300.00 (includes unlimited range)

Cart Plan	Description	Annual Rate
Single	Unlimited use for Single “Member”	$648+8% tax ($52). = $700.00
Family	Unlimited use for Family “Members”	$949+8% tax ($76). = $1,025.00

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: $** **Sponsored Discount: $**
Cart Plan:	**Cart Plan Rate: $**
Season Bag Storage ($100)	**Storage: $**
MANDATORY Handicap Fee: $50.00/player	**Handicap Fee: $ $50.00**
Payment In Full Enclosed_____ or EFT _____	**Total Amount Due: $**

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: 20th of each month	
Start Date: November_____2025	**End Date: October_____2026**
Total Amount Due: $ _____ **12 payments = $** _____ **Authorized per month**	
***Note: We will draft your account for the 1st 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: 2026 Membership
PO Box 266
Geneseo, NY 14454