



## Membership Application

Applicant's Name: _____	
Spouse's Name: _____	
Mailing Address: _____	
First Names of Children under 16: _____	
Phone: _____	E-Mail: _____

### MEMBERSHIP TYPE

<b>Standard Golf Membership:</b> __ Individual \$2,500    __ Spouse \$1,200    __ Children \$400 x ____ = \$____
<b>Twilight Membership (After 2 pm June 15th-Sept 15th):</b> __ Individual \$1,700    Includes one (circle your choice): range    cart
<b>Young Executive Membership (under 40 years old):</b> __ Individual \$1,800
<b>Junior Membership (18 years old and younger):</b> __ Individual \$500

### Membership Amenities

__ Full Locker \$150	Quantity: _____
__ Half Locker \$100	Quantity: _____
__ Quarter Locker \$ 55	Quantity: _____
__ Bag Storage \$140	Quantity: _____

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Membership Billing Details

Upon approval of this application, an account will be established in the applicant's name. A corresponding member number will be assigned to this account.

Members may charge purchases at the Samoset Resort Pro Shop, Splash Pool Bar, Clubhouse Grille and all other Samoset retail and dining outlets.

At the conclusion of each month, your credit card will be authorized for payment for the total amount due. Any questions concerning your account may be directed to the Pro Shop staff. A credit card is required for establishment of this membership benefit.

Total Due: \$ _____		_____ Check enclosed for payment	
Circle Credit Card Type:			
Amex ___	Visa ___	MC ___	Discover ___
Credit Card Number: _____		Expiration Date: _____	
		CVV# _____	
Applicant's Signature: _____		Date: _____	

### Please send completed forms to:

Samoset Resort Golf Club

220 Warrenton Street

Rockport, Maine 04856

E-Mail: [golfpro@samoset.com](mailto:golfpro@samoset.com)

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Phone number and/or E-mail address that we may share with other members:
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