

## 2019 Membership Application

PLEASE CHECK  
all that applies and  
return entire sheet  
with payment.

Make all checks  
payable to:  
ROXBURY GOLF  
MANAGEMENT LLC

### MEMBERSHIP TYPE

- |                             |        |                          |   |
|-----------------------------|--------|--------------------------|---|
| Single-Adult .....          | 600.00 | <input type="checkbox"/> |   |
| * College Student .....     | 300.00 | <input type="checkbox"/> | * College Student<br>must be under<br>25 years of age |
| High School Student.....    | 150.00 | <input type="checkbox"/> |   |
| Couple .....                | 800.00 | <input type="checkbox"/> |   |
| Family .....                | 850.00 | <input type="checkbox"/> |   |
| Cart Storage .....          | 350.00 | <input type="checkbox"/> |   |
| * Jr. Golf Family.....      | 450.00 | <input type="checkbox"/> | * If child is a member<br>of Junior Golf              |
| Individual Cart Lease ..... | 450.00 | <input type="checkbox"/> |   |

If you are interested in playing in  
any of the evening golf leagues,  
please check the ones that apply:

**Men's  
Monday  
Night**

**Ladies'  
Tuesday  
Night**

**Men's  
Thursday  
Night**

### PERSONAL INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town/Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (      ) \_\_\_\_\_ E-Mail \_\_\_\_\_

### CREDIT CARD INFORMATION

Signature \_\_\_\_\_

#### PAYMENT METHOD

Amount to be paid \$ \_\_\_\_\_

MasterCard VISA Discover

Card Number \_\_\_\_\_ Expiration. Date \_\_\_\_\_ Security Code \_\_\_\_\_