

Johnson Golf Management, Inc.  
P.O. Box 1659  
Harwich, MA 02645  
(774) 408-7661  
[www.johnsongolfmanagement.com](http://www.johnsongolfmanagement.com)

Chatham Seaside Links  
209 Seaview Street  
Chatham, MA 02633  
(508) 945-4774  
[www.chathamseasidelinks.com](http://www.chathamseasidelinks.com)

## 2018 GOLF MEMBERSHIP APPLICATION

**Resident memberships are for taxpayers and or residents of Chatham and Harwich only. Proof of residency is required. Please provide a current tax bill or auto registration as proof of residency.**

This membership is valid April 1, 2018 to March 31, 2019.

All members and their guests shall abide by the rules and regulations and by any amendments or modifications.

All members and their guests using the facility must register at the Pro Shop upon arriving at the club.

Any member may be expelled or suspended by JGM. Cause for expulsion or suspension may consist of violation of any club rule.

Memberships are non-transferable and non-refundable.

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**Type of membership:**

(all ages are as of 04/01/18)

	<b>Resident</b>	<b>Non-Resident</b>
<b>Individual</b>	<b>\$300.00 ( )</b>	<b>\$450.00 ( )</b>
<b>Family ((2) two people individual + spouse/partner)</b>	<b>\$450.00 ( )</b>	<b>\$600.00 ( )</b>
<b>Additional Family (each additional family member under the age of 21 years, residing in the same family household)</b>	<b>\$100.00 ( )</b>	<b>\$150.00 ( )</b>

MGA Handicap \$35.00 ( ) Yes ( ) No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residency Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Additional Family Members:**

- 1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_
- 2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_
- 3) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_
- 4) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_
- 5) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I certify that the information provided by me in this application is true and complete. I understand that any falsification or omission by me on this application is grounds for expulsion. I certify that I have read and understand the rules and regulations stated here. I agree to abide by all rules and regulations of the golf course. Failure to abide by the rules and regulations will result in the suspension of membership.

**I FULLY UNDERSTAND THAT THIS MEMBERSHIP IS NON-REFUNDABLE AND NON-TRANSFERABLE  
FAILURE TO ATTEND THE FACILITY DOES NOT CONSTITUTE A REFUND**

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

\*Make checks payable to Johnson Golf Management, Inc. and mail to:

**JOHNSON GOLF MANAGEMENT, INC.  
PO BOX 1659  
HARWICH, MA 02645**

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**STAFF USE ONLY**

**Type of Payment:**

Cash: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Date Paid: \_\_\_\_\_