



P.O. Box 876  
North Falmouth, MA 02556  
(508) 563-9842  
[www.CapeCodCountryClub.com](http://www.CapeCodCountryClub.com)

## APPLICATION FOR SEASON PASS

(Please Check) I hereby apply for a season pass at Cape Cod Country Club and in doing so I agree to comply with all present and future rules and regulations of the golf club.

### Choice of Pass: (Please Check)

Full Member    Seven Day Restricted    Weekday    Twilight    Junior

Fee: \$ \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Method of Payment:** You may pay with cash, check or credit card. If you will be using a credit card please fill out the following:

(Please Check) I agree that the Fee listed above for a Cape Cod Country Club Season Pass should be charged to my credit card as indicated below.

Credit Card: (Please Check)    Master Card    Visa    American Express

Card Number: \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_