



MEMBERSHIP APPLICATION 2026

Member Name _____

Effective Date _____

MEMBERSHIP SELECTION _____ NEW _____ RETURNING MEMBER

Silver Fox membership \$3,195.00 \$ _____

Additional Spouse Membership \$2,750.00 \$ _____

Red Fox Membership \$2,495.00 \$ _____

Additional Spouse Membership \$2,175.00 \$ _____

Professional Membership \$1,450.00 \$ _____

Young Professional Membership \$975.00 \$ _____

Junior Membership \$475.00 \$ _____

Cart Card \$325.00 \$ _____

Bag Storage \$150.00 \$ _____

VT Sales Tax @ 7% \$ _____

PRIMARY MEMBER

Name _____ USGA GHIN # _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Cell _____

E-Mail _____

SPOUSE INFORMATION

Name _____ USGA GHIN # _____

Date of Birth _____ Cell _____

E-Mail _____



CORPORATE MEMBERSHIP APPLICATION 2026

PAYMENT METHOD

Visa _____ MC _____ AMEX _____

Check _____ Check Amount _____

Name On Card _____

Billing Address _____

City _____ State _____ Zip _____

Credit Card # _____

Expiry Date _____ CCV _____

ACKNOWLEDGEMENT & ACCEPTANCE

By signing, the Client agrees to the terms outlined within this contract.

Client Name/Organization Name _____

Signature _____ Date _____

Club Representative Name _____

Signature _____ Date _____