



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	_____
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	_____
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 _____