



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 _____



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 _____