2020 – 3 YEAR MEMBERSHIP AGREEMENT

First Name:	Last Name:			
Address:	City:	Sta	te:	
Phone Number:	_ Email:			
Social Security #:	_ License #:			
Payment (2020):	\$500.00	Initial:	Date:	
Payment (2021-2022) Pay In Full Option (10% Discount – Must Be Pai	id by December 31st)	Initial:	Date:	
Cancellation Amount:	\$	Initial:	Date:	
Please Fill Out the Below Information if Payin	ng Monthly:			
Monthly Payment (2021-2022): • Payments are May-October (6 Months of	\$ on/6 Months off)	Initial:	Start Date: 5/15/2020	
Cancellation Amount:	\$	Initial:	Date:	
Monthly Payment Information:				
Account Type:Checking Account*	Savings Account*	Credit Card (* N	fust provide a cancelled check)	
Account Number:	Routing Nu	ımber:		
Credit Card Number:	Expiration	Date:		
	Terms and C	onditions:		
 This agreement is binding for the first 12. If you discontinue your membership after first season. Payment is due upon cance. 	er year one or two of your	commitment, you are		
	Membership Repaymer	nt Figures		
Membership Type		Repayment Amount		
Family		\$1,855.00		
Single			\$1,225.00	
Senior		\$925.00		
Senior Family		\$1,410.00		
3.) If, for some reason, you must close the a immediately and provide us with the new 4.) Should you elect not to renew your men 5.) Failure to notify Webster Golf Club of you membership at the current membership at	w account information from the ship, you must notify your intent to cancel in the	membership fees are wom which to withdrawa us no later than the last elast month of your co	l your fees. It month of your membership agreement.	
Signed:	Date: _			

By: ______ Date: _____