| 2020 Caledonia Golf Club Membership Application | | | | |
| --- | --- | --- | --- | --- |
| Applicant Information | | | | |
| Company Name / Name: | | | | |
| Address: | | | | |
| City: | State: | | | ZIP Code: |
| Phone: | Email: | | | |
| Membership Options | | | | |
| Individual Membership $500 ($450) | | | Individual Membership + Cart $900 ($800) | |
| Couples Membership $900 ($800) | | | Couples Membership + Cart $1400 ($1300) | |
| Family Membership $1000 ($900) | | | Family Membership + Cart $1500 ($1350) | |
| Corporate Membership $1300 ($1000)  \*\*Corporate Membership Must pay a Cart Fee $14.00\*\* | | | Single Weekday Membership $300 ($260) | |
| Prices in ( ) if paid before April 1st | |
| Member Information | | | | |
| Name: | | | | Email: |
| Address: | | | | Phone: |
| City: | State: | | | ZIP Code: |
| Member Information | | | | |
| Name: | | | | Email: |
| Address: | | | | Phone: |
| City: | State: | | | ZIP Code: |
| Member Information | | | | |
| Name: | | | | Email: |
| Address: | | | | Phone: |
| City | State: | | | ZIP Code: |
| Member Information | | | | |
| Name: | | | | Email: |
| Address: | | | | Phone: |
| City: | State: | | | ZIP Code: |
| Children membership privileges desired | | | | |
| Name: | | Name: | | |
| Name: | |  | | |
| Signatures | | | | |
| Signature of applicant: | | | | Date: |
| Signature of applicant: | | | | Date: |
| Signature of applicant: | | | | Date: |
| Signature of applicant: | | | | Date: |

Mailing Address: Caledonia Golf Club P.O. Box 195 Fayetteville, PA 17222