



20 Copper Hill Road * East Granby, CT 06026
(860) 653-6191
www.copperhillgolf.com

2010 Membership Application

Member Information :

Primary Member's Name : _____ Date : _____

Spouse Name : (if applicable) _____

Street Address : _____

City : _____ State : _____ Zip : _____

Home Phone : _____ Alternate Phone : _____

Email : _____

Billing Address (if different) _____

Membership Type

Check Below:

Cost :

- | | | | |
|--------------------------|---|-----------|------------------|
| <input type="checkbox"/> | Single | \$675.00 | |
| <input type="checkbox"/> | Couple (Mr & Mrs) | \$875.00 | |
| <input type="checkbox"/> | Senior Couple (62 & over) | \$775.00 | |
| <input type="checkbox"/> | Senior Couple (weekday only) | \$670.00 | |
| <input type="checkbox"/> | Junior (17 & under / college id) | \$300.00 | Junior Age _____ |
| <input type="checkbox"/> | Junior (with Couple) | \$150.00 | Junior Age _____ |
| <input type="checkbox"/> | Senior (62 and over) | \$595.00 | |
| <input type="checkbox"/> | Senior (weekday only) | \$475.00 | |
| <input type="checkbox"/> | Family | \$1100.00 | |
| <input type="checkbox"/> | Associate (\$1 off 9 holes, \$2 off 18 holes) | \$50.00 | |
| <input type="checkbox"/> | Gold Associate (\$3 off 9 holes, \$6 off 18) | \$150.00 | |

Payment

Enclosed is my check in the amount of \$_____ for the membership indicated above OR please bill my credit card.

Visa _____ Mastercard _____ American Express _____ Amount Authorized : _____

Credit Card Number : _____ Expiration Date : _____

Card Holder Signature : _____

- I am paying in three installments (available only when using a credit card for payments, not available for associate memberships)

Please return membership application and application fee to :
Copper Hill Golf Club Membership
20 Copper Hill Road, East Granby, CT 06026

Internal Use Only

#1 _____ #2 _____ #3 _____