

BUCKHANNON COUNTRY CLUB, INC. JUNIOR MEMBER APPLICATION 2020

Effective: January 1, 2020		Annual Fee	Total Fee
Junior – Age 12-17			
(no other family golfing connection with club exists)		\$ 410.00	
Assessment			
Waived for Junior Memberships		\$ 300.00	Waived
Annual Locker Fee (Optional)	Large	\$ 30.00	
Cart Storage (Optional)	Gas	\$ 100.00	
	Electric	\$ 150.00	
GHIN Handicap (must have to play in tournaments)	Per Golfer	\$ 40.00	
Initiation Fee for New Membership		\$ 200.00	Waived
		Total	

- The Junior Golf Membership is for the ages of 12 through 17, only where no other family connection exists with the club.
- Applicants must complete the application form and appear with a parent to meet with the board.
- A Junior Membership will be a non-voting one with no stock issued and no debt or capital assessments.
- Parent(s) or legal guardian must execute a liability statement making them liable for any damage or legal action resulting from negligence of their child or children.
- Acceptance of membership mandates a meeting with the membership committee to review rules of the club, golf etiquette and use of the facilities.
- Junior members must be 16 years old to drive a cart at the club.
- A junior member will be allowed one guest per outing with guest subject to all rules of the club, green fees, and is the
 responsibility of the Junior Member.
- Junior golfers under the age of 14 must be accompanied by an adult.
- Junior member play without an adult is restricted on weekends and holidays to after 2:00 p.m.; Tuesdays after 2:00 p.m. and on Wednesdays play cannot start after 2:00 p.m. due to Men's League.

I hereby make application for membership at the Buckhannon Country Club, Inc. and agree to abide by the Constitution and By-Laws of the Buckhannon Country Club, Inc., and all rules and regulations adopted and set forth by the Board of Directors.

First Name	Last Name	Date of Birth	
Address #1: Street	City State	Zip Code	
Email:	Phone:		
Parent's Name:	Address:		
Parent's Employer:			
Parent's Work Phone:	Emergency Contact Phone:		
Signature of Applicant:	Dat	e:	
Signature of Parent/Guardian:	Date:		
Board Use Only:			
Recommended by:	Amount Enclosed:		
Date approved by board:	(with application	on)	