

Whaling City Golf Course & W/S Management  
581 Hathaway Road, New Bedford, MA 02740  
508-996-9393

**2018 MEMBERSHIP APPLICATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone/Cell # \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF MEMBERSHIP**

Individual: \$1625.00 \_\_\_\_\_ Husband/Wife: \$0000.00 \_\_\_ TBD \_\_\_\_\_

Weekday: \$1295.00 \_\_\_\_\_ Family: \$0000.00 \_\_\_ TBD \_\_\_\_\_

Golf Cart Lease: \$825.00 \_\_\_\_\_ Locker: \$65.00 \_\_\_\_\_

Junior Mbrshp (under 18): \$250.00 \_\_\_\_\_ Handicap: \$50.00 \_\_\_\_\_

Range Mbrshp w/mbrshp: \$150.00 \_\_\_\_\_ Range WITHOUT mbrshp: \$300.00 \_\_\_\_\_

**CASH OR CHECK PREFERRED, CREDIT CARDS INCUR 3% PROCESSING FEE**

\_\_\_\_\_ discount if paid by \_\_\_\_\_

This membership is valid April 1, 2018 to March 31, 2019.

All members and their guests will abide by course rules and regulations and by any amendments and modifications. Failure to do so may result in suspension or expulsion.

All members and their guests using the facility must register at the Pro Shop upon arriving at the club.

Weekday memberships are not valid on weekends or holidays\* or the Monday or Friday they are observed.

Junior memberships are not valid until after 2 pm on weekends, holidays\* or the Monday or Friday they are observed.

\*Holidays: Good Friday      Patriot's Day      Memorial Day      Fourth of July  
Labor Day      Columbus Day      Veteran's Day      Thanksgiving Day

I certify that the information provided by me in this application is true and complete. I understand that any falsification or omission by me on this application is grounds for expulsion. I certify that I have read and understand the rules and regulations stated here. I understand that a complete handbook will be given to me and I agree to abide by all policies stated in it. Failure to abide by the rules will result in the suspension of membership.

**I FULLY UNDERSTAND THAT THIS MEMBERSHIP IS NON-REFUNDABLE AND NON-TRANSFERABLE. FAILURE TO ATTEND THE FACILITY DOES NOT CONSTITUTE A REFUND.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY**

Cash \_\_\_\_\_

Check # \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Paid: \_\_\_\_\_

