

2023 Application For Membership

DATE:	AMOUNT PAID:	CC-CK-CASH
APPLICANT NAME:		
WIFE / HUSBAND (IF APPLICABLE) NAME	:	
GHIN # (IF APPLICABLE)		
CHILDREN (IF APPLICABLE) :	DOB:	
HOME ADDRESS:		
Phone: E-Mail:		
**** Rate Schedule*	***	
FULL WEEK SINGLE MEMBERSHIP:		
COUPLE/FAMILY FULL WEEK MEMBER		
WEEKDAY SINGLE MEMBERSHIP: COUPLE/FAMILY WEEKDAY MEMBERS	1175.00	
	900.00	
STUDENT/COLLEGE Age 22 or under		
*** YOUNG ADULT FULL WEEK N	MEMBERSHIP ***	
35 and under: 1100.00		

GHIN HANDICAP \$35.00 with paid membership

950.00

30 and under:

CONTACT US: 207-883-9351 or proshop@willowdalegolf.com

Willowdale Golf Club 52 Willowdale Rd. Scarborough ME 04074