

**Membership Application
Glocester Country Club
P.O. Box 547
Greenville, Rhode Island 02828
(401) 949-3330**

Mr./Mrs./Miss _____ Date _____
 Home Address _____
 Home Phone _____ Mobile Phone _____
 E-Mail Address _____
 Occupation: _____
 Employer: _____
 Business Address: _____
 Business Phone: _____
 Referred By: _____
 If not, how did you hear about us: _____

Level of membership for which I wish to be considered:

Family Membership _____	\$3,250.00	Individual A _____	\$2,675.00
Seasonal member* _____	\$1,925.00	Junior Member _____	\$450.00
Social Member _____	\$1,590.00		
Tennis, Beach, & Dining _____	\$550.00		
Legacy Member* _____	\$1,575.00 (for children of members only)		
Date of Birth _____	(Legacy and Junior Memberships only)		
Senior Individual _____	\$2,075.00		

*Seasonal, Legacy, Senior Individual, Individual A & B, Social, and Limited Members:
 Spouses and children have golf privileges under guest rules and rates.

Please see GCC website (glocestercc.com) for detailed information on above memberships
 The following family members of my household are eligible to enjoy golf privileges through my Full Family Membership:
Primary member handicap fee mandatory (\$25.00) Secondary members optional, Junior free.

Spouse's Name: _____	Handicap Y/N _____
Child: _____	Handicap Y/N _____
Child: _____	Handicap Y/N _____
Child: _____	Handicap Y/N _____
Child: _____	Handicap Y/N _____

Signed: _____

Please mail Application to Secretary's attention. Any questions please call 401-573-8089,
 Richard Mollicone-Membership Chairman