



BUCKNELL GOLF CLUB

PO Box 297 • Lewisburg, Pennsylvania 17837

APPLICATION FOR MEMBERSHIP

Please designate Membership Category:

Name

Email Address

Street Address

City

State

Zip

Primary Phone Number

Secondary Phone Number

If applicable, please list the following additional members of the membership: (List names of adult members and youth members showing dates of birth of all youths).

Adult

Youth

Date of Birth

Adult

Youth

Date of Birth

Initial to Opt-In for GHIN handicap service. Note: Members that do not post a minimum of 10 scores per year will be charged a \$35 fee. *Not valid with youth or student memberships.*

Initial to Opt-in for Member Account Billing. I agree to pay promptly all bills, dues and applicable fees in accordance with the club policies. *Memberships do not include cart fees and are not transferable.*

I hereby apply for membership at Bucknell Golf club and agree to abide by the Terms of Membership and all rules and regulations of the club. Bucknell Golf Club has the right to refuse or suspend privileges to anyone who is deemed to be in violation of the established guidelines herein.

Signature of Applicant:

Date:

For Club Use Only: Date Payment Received: _____

Amount: