

2025 Louisquisset Golf Club Membership Form: RESIDENT

I, (we) hereby apply for membership in the Louisquisset Golf Club indicated below,

NAME(S), PLEASE PRINT _____

ADDRESS _____ STATE _____ ZIP _____

HOME PHONE _____ OTHER _____

EMAIL ADDRESS _____

SIGNED _____ DATE ____/____/____

Membership Categories (please check one)

- | | |
|--|---|
| <input type="checkbox"/> Full Single: \$1,900
<i>(1) Full Member</i> | <input type="checkbox"/> Social Single: \$950
<i>(1) Limited Member</i> |
| <input type="checkbox"/> Full Family: \$2,925
<i>(2) Full Members</i> | <input type="checkbox"/> Social Family: \$1,350
<i>(2) Limited Members</i> |
| <input type="checkbox"/> Full Family 3: \$3,925
<i>(3) Full Members</i> | <input type="checkbox"/> Junior Member: \$400
<i>(1) Limited Member</i>
<i>(Ages 21 & Under)</i> |
| <input type="checkbox"/> Junior Executive: \$1,350
<i>(1) Full Member</i>
<i>Ages 21-35</i> | <input type="checkbox"/> Social Family: \$1,350
<i>(2, 35 Round Limited Memberships)</i> |

***Corporate & Social Restrictions: No play in leagues or tournaments, play limited on weekends and holidays after 12:00 PM, and no voting privileges**

Optional Fees (please check desired)

Bag Storage: \$75 **Half Locker: \$50** **Full Locker: \$100**

I, (we) understand and accept the policies of Louisquisset Golf Club; REFUNDS- under no circumstances will there be any full or partial refunds including but not limited to medical and/or other disability or re-location, LIABILITY- I, (we) will assume risk of any property damage and/or personal injury to myself, my, (our) guests or my, (our) invitees, which may occur on the golf course or at the golf club. I, (we) agree to indemnify and hold harmless LCCCA, its agents and/or representatives claims if property damages or personal injury. I, (we) further understand and accept the payment policy of Louisquisset Golf Club to be; **ALL MONTHLY CHARGES ARE TO BE PAID AND RECEIVED BY THE 20TH OF THE MONTH FOLLOWING BILLING DATE OR BE ASSESSED A \$25.00 LATE FEE PER MONTH.** I, (we) understand that Golf Privileges will be suspended until my account is current and a valid credit card is presented to the office for future delinquent occurrences, which will incur a 2.5% administrative fee. I, (we) also understand the minimum assessment for the Restaurant will be billed \$65.00 per month billed monthly from April through October. Golf Shop minimum spending \$50.00 annually per member will be billed April 1. All Membership Categories are responsible for all special assessments. See page 10 Member Handbook online at www.louisquissetgc.com.
No Capital Improvement or Special Assessments 1st Year All New Member Special Categories

Total Charges: _____ **Member Number:** _____