



2026 Louisquisset Golf Club Membership Form: NON-RESIDENT

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

NAME(S), PLEASE PRINT _____

ADDRESS _____ STATE _____ ZIP CODE _____

HOME PHONE _____ OTHER _____

EMAIL ADDRESS _____

SIGNED _____ DATE _____

Membership Categories (please check one)

- | | |
|--|---|
| _____ Full Single \$2,000 (1) Full Member | _____ Social Single \$1,000 (1) Limited Member |
| _____ Full Family \$3,075 (2) Full Members | (30 Round Limited Membership) |
| _____ Full Family \$4,100 (3) Full Members | _____ Social Family \$1,400 (2) Limited Members |
| _____ Junior Executive \$1,350 | (2, 30 Round Limited Memberships) |
| (1) Full Member/Ages 21-25 | _____ Junior Member \$400 (1) Limited Member |
| | (Ages 20 & Under) |

Social Restrictions: Play/Monday-Thursday Only/No play on Friday, leagues or tournaments, play limited on weekends and holidays after 2:00pm and no voting privileges.

Optional Fees (please check)

_____ Bag Storage: \$125 _____ Half Locker: \$75 _____ Full Locker \$125

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 from claims for 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 END OF THE MONTH FOLLOWING THE BILLING DATE, OR 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.

Total Charges: _____ Member Number _____

Subject to Committee Approval _____