

The Montrose Club

870 Lake Avenue P.O. Box 96 Montrose, PA 18801 Phone: (570) 278-3460 Fax: (570) 278-4904 Email: hello@themontroseclub.com www.themontroseclub.com

Membership Application

Payments must be made before use of club facilities.

Please make checks payable to: **The Montrose Club** and mail to above address.

Name(s)	Membership Classification	Regular Dues	Senior Dues*	Payment	
	Resident Male	\$935	\$880]	
	Spouse of Resident Member	\$690	\$635		
	Resident Female	\$800	\$745		
	Family - List names of family members	\$1,550			
	Includes unmarried children under				
	18 or full-time college students				
	under 25 as of May 1st				
			Age		
	Young Adults - Not eligible for Family	\$275	19-22		
_	Age as of May 1st	\$325	23		
		\$425	24		
	Age	\$525	25		
		\$625	26		
	Non Resident - Resides outside a 35	\$575	\$525	1	
	mile radius of Montrose. Limited to 20				
	(18 hole) rounds per year.				
	Use of Privately Owned Cart	\$400	\$375		
	(Maximum of 2 adult owners)				
	Club Membership w/o Golf - Single	\$175	\$150]	
	Club Membership w/o Golf	\$250	\$225		
	Couples				
	Junior Golf	\$150]	
	(Youth 18 years & under)				
Email:					
	Email:		Total Amount Paid		



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Full Name:	ame: Telephone:					
Address:						
Occupation:	Name o	Name of Spouse:				
Mailing Address (If different from above):						
Email Address: Email Address:						
Date of Birth (Young adults or Junior membe	ers only):					
List Other Country Clubs of Wh	hich You Are or	Have Been a Member:				
Name and Address of Refer	ences (Banks, C	Clubs, Employer, etc.)				
Signature of Applicant	Date	Signature of Sponsor (Required)				
Board of Directors Action						
Date Received:	Date Revi	Date Reviewed:				
Approved:	Rejected:	Rejected:				
Signature of Membership Chairman	n:					