## 2017 Resident Membership Application (One Applicant per Form Please)

Applicant	olicant		mber #:	Circle one Handicap Flag**: Y N
Mailing Address:				
City:				
Cell Phone:				
Dennis Property Address*:				
RESIDENT MEMBERS				
	TYPE	FEE		
	□Resident □Resident Freeze I	\$749.00 \$6 <b>7</b> 9.00	ODate of Birth:	
	Resident Freeze II		Date of Birth:	
	Resident Freeze III		Date of Birth:	
	Resident Junior (12-			
	Resident Young Adı			
		, ,	Date of Birth:	
GHIN HANDICAP INFO	_			
☐GHIN#	NAME:			FEE: \$35.00
*Please include copy of curre	nt tax bill or lease agr	reement for addre	ss verification	
**Please include Handicap Fl	ag documentation if	applicable		
By signing below, you acknowled the Alcohol Use Policy***. This is set by the Board of Selectmen and of the Director of Golf if your action	nembership entitles you the Director of Golf. Th	to the privileges of t is membership may l	he Dennis Pines and be cancelled or suspe	Dennis Highlands Golf courses as
***Alcohol is not permitted on a search.	any course unless purch	ased from the Resta	aurant on said premi	ises. All Coolers are subject to
Signature of Applicant: _			1	Date:
GOLE	F CART RENTAL MA	ARCH 1. 2017 THE	U FEBRUARY 28	. 2018
The golf cart is hereby leased to the/she has a valid driver's license as safe, prudent manner for the playibe responsible for any damage or damage to person or property aris. The lessee further agrees to hold lessee shall assume the entire responsible to the same than the same that the same than the same than the same than the same than the same that the same than the same than the same than the same tha	and is familiar with the uing of golf. The lessee ag breakage. The lessee a sing from the use of the o Dennis Golf free and ha	use of operation of the grees to return the callso agrees that no ricart or resulting from the art or resulting from the cart or resulting from the cart of the ca	ne said cart, and he/sh rt in the same condit ght of action shall ac n any mechanical fail laims arising from th	ne will use an operate the cart in a tion as he/she received it and shall acrue to the lessee for any loss or ture or component of the said cart. The
Signature of Applicant:				Date:
	FOR	OFFICE USE O	NLY	
TOTAL AMOUNT COLLECTE	ED.	ΡΔΥΙ	MENT TYPE: $\Box C \Delta c$	SH □ CHECK #
TAX PAYMENT VERIFICATION  MAP PARCEL:	Circle one	EW MEMBER: Y OF Circle		RE ON FILE: Y OR N Circle one
AGE VERIFIED: Y OR N	DOCUMENTATION TY	YPE: <b>DRIVER'S L</b>	ICENSE BIRTH C	CERT OTHER:
A	APPLICATION PROCES	SSED BY:INITALS	DATE:	