

2020 Resident Membership Application (One Applicant per Form Please)

Circle one

Applicant _____ Member #: _____ Handicap Flag**: Y N

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell Phone: _____ Email: _____

Dennis Property Address*: _____

RESIDENT MEMBERSHIP CATEGORIES (please select one)-*SUBJECT TO AGE VERIFICATION

***PLEASE NOTE**
Resident Freeze Memberships are only for those members that were locked in previously and have maintained a membership for 10 consecutive years or more. If you were not a "Freeze" member previously, you do not qualify at this time.

TYPE	FEE	
<input type="checkbox"/> Resident (New or Renewal)	\$775.00	
<input type="checkbox"/> Resident Freeze I* (Renewal Only)	\$679.00	Date of Birth: _____
<input type="checkbox"/> Resident Freeze II* (Renewal Only)	\$699.00	Date of Birth: _____
<input type="checkbox"/> Resident Freeze III* (Renewal Only)	\$724.00	Date of Birth: _____
<input type="checkbox"/> Resident Junior (12-18) (New or Renewal)	\$165.00	Date of Birth: _____
<input type="checkbox"/> Res. Young Adult (19-22) (New or Renewal)	\$275.00	Date of Birth: _____
<input type="checkbox"/> Resident 23-29 (New or Renewal)	\$625.00	Date of Birth: _____

GHIN HANDICAP INFO

GHIN # _____ NAME: _____ FEE: \$40.00

*Please include copy of current tax bill or lease agreement for address verification

**Please include Handicap Flag documentation if applicable

Checks Made Payable to "Town of Dennis"
Mail to: Dennis Golf, 825 Old Bass River Rd., Dennis, MA 02638

By signing below, you acknowledge the Rules and Regulations as set forth by the Board of Selectmen and Director of Golf, including the Rules Infractions, Alcohol Use Policy*** and Refund and Age Policies****. This membership entitles you to the privileges of the Dennis Pines and Dennis Highlands Golf courses as set by the Board of Selectmen and the Director of Golf. This membership may be cancelled or suspended at any time at the discretion of the Director of Golf if your actions are unbecoming of a member of the golf course.

***Alcohol is not permitted on any course unless purchased from the Restaurant on said premises. Violations will result in removal from golf course.

**** Refund, Age and Alcohol Policies may be found online at www.dennisgolf.com or you may find a copy at the Pro Shop.

POLICY FOR MEMBERSHIP REFUNDS

1. Any member may receive a full refund of membership for any reason before March 1st of current membership year.
2. Any member may receive a full refund under the following conditions after March 1st prior to June 30th:
 - a. Documentation of a serious medical condition must be presented to the Director of Golf within 60 days after membership has been paid.
 - b. No more than 3 rounds of golf have been played since the membership payment was made. If 1, 2 or 3 round(s) of golf have been played then the cost of the green fee associated with the round(s) of golf will be deducted from the money refunded.
 - c. The 60 day period of eligibility for a refund does not go past June 30th of the current membership year.

Signature of Applicant: _____ Date: _____

GOLF CART RENTAL FEBRUARY 29, 2020 THRU FEBRUARY 28, 2021

The golf cart is hereby leased to the indicated lessee for the date range indicated on said agreement. The lessee acknowledges that he/she has a valid driver's license and is familiar with the use of operation of the said cart, and he/she will use an operate the cart in a safe, prudent manner for the playing of golf. The lessee agrees to return the cart in the same condition as he/she received it and shall be responsible for any damage or breakage. The lessee also agrees that no right of action shall accrue to the lessee for any loss or damage to person or property arising from the use of the cart or resulting from any mechanical failure or component of the said cart. The lessee further agrees to hold Dennis Golf free and harmless against all claims arising from the operation of the said cart. The lessee shall assume the entire responsibility of loss or damage to cart, person or property caused by a guest passenger.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

AMOUNT COLLECTED: _____ PAYMENT TYPE: CASH CHECK # _____ EMAIL ADDED BY: _____ HANDICAP DOCUMENTATION: Y OR N
 NEW MEMBER: Y OR N PICTURE ON FILE: Y OR N HANDICAP DOCUMENTATION: _____ PLACARD _____ DR. NOTE
 MAP _____ PARCEL: _____ RENTAL/LEASE AGREEMENT: _____ TEE TIME INSTRUCTIONS GIVEN (NEW MEMBER ONLY): Y OR N
 AGE VERIFIED: Y OR N DOCUMENTATION TYPE: DRIVER'S LICENSE BIRTH CERT OTHER: _____

APPLICATION PROCESSED BY: _____ DATE: _____
STAFF INITIALS