

# HOODKROFT COUNTRY CLUB

P.O. Box 266  
Derry, NH 03038-0266

## 2022 APPLICATION FOR MEMBERSHIP

*Season dates: April 1<sup>st</sup> thru November 30<sup>th</sup>*

I. Indicate your Membership type from the following categories (check one):

	Full Family		Senior Weekday
	Senior Couple		Modified Junior
	Full Single		College
	Weekday Single		Junior

II. Are you a stockholder? \_\_\_\_\_ Certificate #: \_\_\_\_\_ GHIN # \_\_\_\_\_

III. **Please complete the following information. In case of emergency, please list a contact's name and phone number.**

Name: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_  
First Last (\*required for a Senior Membership)

Spouse's Name: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_  
First Last (\*required for a Senior Membership)

**Emergency Contact's Name and Phone Number:** \_\_\_\_\_

**Member's Mailing Address:**

\_\_\_\_\_ Street City State Zip

**Member's Cell Phone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

If applying for a Family membership with children, please provide the following:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I shall be personally responsible and liable for the conduct and acts of my family and guests while they are at Hoodcroft Country Club, and I shall be held responsible for infractions by them of the terms of this application and the published rules of the Club. I understand that the Hoodcroft golfing **season runs from April 1<sup>st</sup> thru November 30<sup>th</sup> of each year.**

In the event that my membership is suspended or terminated for infractions of the published rules or for breach of the terms of this application, it is understood that I shall not be entitled to a refund of my fees for the period of such suspension, nor shall I be entitled to a refund of the fee in the event of termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date