<u>MEMBERSHIP APPLICATION</u> 2024

CHECK ONE		1-YEAR OPTIONS					
Executive Family Executive Membe	y (ages 19-39) ership (ages 19 – 39)	\$1,250.00 \$1,000.00		Aembership iembership w/cart	\$1,250 \$1,930		
Senior Membership Senior Membership w/ Cart		\$1,125.00 \$1,805.00		ly Membership Membership w/ Cart	\$1,600 \$2,390		
* Sr. Family Membership *Sr. Family Membership w/cart Junior Membership (up to age 18)		\$1,400.00 \$2,190.00 \$500.00					
Single Cart Family Cart		\$680.00					
Range membership \$200.00 (Max of 2 Lg. buckets per day, per person)							
Handicap Fee-		\$45.00 EACH **(CHECK OR MONEY ORD	ER ONLY – PAYABLE	TO LIMA GOLF & COU	NTRY CLUB)		
Options explained: SINGLE FAMILY CHILDRE SENIOR JUNIOR SINGLE C FAMILY C		- Unlimited seasona N - Children within th - 60 & over: Unlim - 18 years and unde 'ART - Unlimited individu	 - Unlimited seasonal Golf: Includes Weekends & Holidays. - Unlimited seasonal Golf: Includes Weekends & Holidays for 2 Primary family members - Children within the family to age 18 or matriculated to age 21 @ \$50.00 ea. - 60 & over: Unlimited seasonal Golf: Includes Weekends & Holidays - 18 years and under: Mon. thru Fri. (Weekend/Holiday after 1: PM) - Unlimited individual use of cart or shared cart. - Unlimited family dual or individual use of cart or shared cart. 				
Cart usage defined:	CART USAGE defined	CT is April 1 st to October 31 st .* d: prepaid-individual use. Guard tricts Persons under the age of 1	anteed use or shared us	se of riding cart as partner		fee.)	
	ALL CREDIT CARD PA	AYMENTS EXCEEDING \$300.00 V	WILL BE SUBJECT TO A	N ADDITIONAL 3% SURC	HARGE.		
also agree to pay appl	icable membership fee	onditions of this application. To s in full. Members agree to assunless, the Lima Country Club an	ame financial responsib	oility for reckless and/or in	ntentional damage	caused as a	
X Signed				D. CDIA	CLLD	_	
Signed			Date	Date of Birth	Club Representativ	e	
NAME:	LAST	FIRST	E-Mail:				
ADDRESS:							
PHONE:()	STREET	()	CITY	, EXT.	TATE	ZIP	
PHONE:()	HOME	, -(WORK	_, EA1	_		
* FAMILY Member	SPOUSE	CHILD (ag	ge)	CHILD (age)	CHILD (age)		
	EMERGENCY CONTACT	Γ	PHONE NUMBER				

PLEASE COMPLETE ALL INFORMATION AND FORWARD TO THE LIMA C.C. WITH YOUR PAYMENT. 7470 CHASE ROAD, LIMA, NY 14485. $\textbf{IF YOU ARE UNDER EXISTING CONTRACT THAT DOESN'T REQUIRE PAYMENT, PLEASE FILL OUT THE BOTTOM PORTION FOR OUR RECORDS. THANK YOU \\$

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