



# BUCKNELL GOLF CLUB

PO Box 297 • Lewisburg, Pennsylvania 17837

## APPLICATION FOR MEMBERSHIP

Name

Email Address

Spouse Name

Date

Email Address

Street Address

City

State

Zip

Primary Phone Number

Secondary Phone Number

I hereby apply for membership at Bucknell Golf Club and agree to abide by the rule and regulations of the club. I further agree to pay promptly all dues and applicable fees in accordance with the club policies. Memberships do not include cart fees and are not transferable. Bucknell Golf Club does not permit any outside alcohol on property. Bucknell Golf Club has the right to refuse privileges to anyone who is deemed to be in violation of the established rules and regulations herein.

If applicable, please list the following additional members of the family membership: (Please list dates of birth of all youths)

OR

Adult

Youth

Date of Birth

AND

Youth

Date of Birth

Youth

Date of Birth

Please designate Membership Category:

Signature of Applicant:

**For Club Use Only:** Date Check Received \_\_\_\_\_