

BUCKNELL GOLF CLUB

P.O. BOX 297
Lewisburg, Pennsylvania 17837

APPLICATION FOR MEMBERSHIP

Name

Date

Street Address

City State Zip

()

Home Phone Number

()

Work or Cell Phone Number

Email Address

I hereby apply for membership in the Bucknell University Golf Club and agree to abide by the rules of that organization and further agree to pay promptly all dues and applicable fees in accordance with the club policies.

This application is for me and the following members of my family: (List names of adult member and youth members showing birth dates of all youths).

Adult

or

Youth Birthdate

Youth Birthdate

and

Youth Birthdate

Please Designate Membership Category _____
(Refer to the information page 2)

Signature of Applicant



For Club Use Only: Date Check Received _____