

2025 MEMBERSHIP AGREEMENT

Breakfast Hill Golf Club

339 BREAKFAST HILL ROAD
GREENLAND, NH 03840
(603) 436-5001 / BREAKFASTHILL.COM

OFFICE
USE
ONLY

Primary Member Name: _____

Primary Member Phone: (_____) _____

Primary Member Email: _____

Spouse/Partner Member Name (if applicable): _____

Spouse/Partner Member Phone (if applicable): (_____) _____

Spouse/Partner Member Email (if applicable): _____

*** WRITE "SAME" UNDER ALL ADDRESS LINES IF UNCHANGED FROM PREVIOUS SEASON ***

Address: _____

City: _____ State: _____ Zip: _____

*** PHONE & EMAIL REQUIRED ***

Primary Member's GHIN number(s) from previous club (if applicable): _____

Spouse/Partner Member's GHIN number(s) from previous club (if applicable): _____

Indicate your membership selection with a prominent "check" mark next to the appropriate selection(s). **All membership fees are due in-full by March 15, 2025.**

FULL - \$2,770

Pay 100% on/by 12/21/2024 to receive incentive (range balls) _____

Pay 50% on/by 12/21/2024 to get \$2,770 price; balance due on/by 3/15/25

Price increases by \$350 if no deposit on/by 12/21/2024

Additional spouse add \$2,370 (increases by \$350 after 12/21/2024 with no deposit)

WEEKDAY - \$1,740

Pay 100% on/by 12/21/2024 to receive incentive (\$125 Shop Credit) _____

Pay 50% on/by 12/21/2024 to get \$1,740 price; balance due by 3/15/25

Price increases by \$350 if no deposit on/by 12/21/2024

Additional spouse add \$1,440 (increases by \$350 after 12/21/2024 with no deposit)

AFTERNOON - \$1,740

Pay 100% on/by 12/21/2024 to receive incentive (\$125 Shop Credit) _____

Pay 50% on/by 12/21/2024 to get \$1,740 price; balance due by 3/15/25

Price increases by \$350 if no deposit on/by 12/21/2024

Additional spouse add \$1,440 (increases by \$350 after 12/21/2024 with no deposit)

SEASON-PASSES

(circle selection)

7-DAY CART: \$860

WEEKDAY DAY CART: \$760

RANGE: \$430 for 2024 members; \$500 for non-members

*** RECOMMENDED TO PLACE CREDIT CARD ON FILE FOR SECOND-HALF OR ANCILARY PURCHASES ***

Type of Card/Credit Card #: _____

Expiration Date: _____ CV Code (on back of card): _____ Billing Zip Code: _____

RECOMMENDED - IN CASE OF EMERGENCY CONTACT INFORMATION

Name (First and Last): _____

Phone: _____

CHECK HERE IF YOU GIVE THE CLUB PERMISSION TO AUTOMATICALLY PROCESS ADDITIONAL BALANCE PAYMENT ON/BY DECEMBER 21, 2024. YOU MUST PROVIDE CARD INFO TO THE LEFT.

CHECK HERE IF YOU GIVE THE CLUB PERMISSION TO AUTOMATICALLY PROCESS ADDITIONAL BALANCE PAYMENT ON MARCH 15, 2025. YOU MUST PROVIDE CARD INFO TO THE LEFT.

I/We have completely read and understand and will abide by the Breakfast Hill Golf Club Rules Policies. I/We accept and agree to be bound by all Club policies mentioned therein including penalty fees for non-cancelled tee times. To obtain a copy of Rules and Regulations, please contact the Director of Golf. By paying membership dues, the Member gives Breakfast Hill Golf Club permission to release contact information to other members.

Signature(s): _____

Date: _____



Payments accepted by cash, check, or credit card (Visa, MasterCard, American Express or Discover). Make checks payable to "Breakfast Hill Golf Club".

FOR OFFICE USE ONLY:

Point-of-Sale

Copy

Directory

GHIN