



ASSOCIATE MEMBERSHIP APPLICATION FORM

CANASAWACTA COUNTRY CLUB

Carson Family Enterprises, Inc.
261 County Road 44 (Country Club Road)
Norwich NY 13815
phone: Pro Shop- 336-2685 Clubhouse-(607) 336-9214
E-mail- CCCgolf@stry.twcbc.com
www.canasawactacc.com

Date: _____

Name (s): _____

Date (s) of Birth: ____ / ____ / ____ ____ / ____ / ____

Address: _____

E-mail address: _____

Telephone: (Cell): _____ (Other): _____

Amount Enclosed: \$ _____ Checks payable to: Canasawacta Country Club

Credit card payment: Card type: VISA / Mastercard / Discover
Card #: _____
CV Code (required): _____
Amount: \$ _____
Expiration Date: _____
Name as it appears on card: _____
Signature: _____

I understand the following guidelines of the Associate membership;

- \$199.00 per person for the 2022 season
- This offer valid through 10/31/21 or until sold out.
- Unlimited golf Monday through Saturday.
- Includes open play only, (league play, tournaments, outings, and Sundays not included)
- Tee times available up to 3 days in advance.
- Personal motorized carts incur \$5 trail fee.
- Carts required before 10 am, (walkers incur \$5 trail fee before 10 am.)
- All players must check in at pro shop before entering golf course.
- All credit and debit card charges incur an automatic 3.95% transaction fee

Signature: _____

Drivers license ID #: _____

If applying by mail, a photocopy of valid drivers license is required.

Approved by;

Canasawacta Staff Member signature