

Lewistown Country Club

Membership Application 2024

Name _____ Date of Birth _____

Home Address _____ City & State _____

Zip _____ Home or Cell phone _____

Email _____

Spouses Name if Add on _____

Children's Name (s) if Add on _____

Type of Membership:

Social _____ Or Golf & Social _____ /// Single _____ Family _____ College _____ HS _____

Young Adult 19-39 _____ Adult 40-74 _____ 75+ _____ Non Resident _____ DOC _____ Over-80 _____

This application must be turned into the LCC Office along with a check covering at least the first month of your membership dues. Dues may be paid in full or broke into quarterly or monthly payments, after first year. Membership will run January thru December or June thru June depending on when you join LCC. Payments are due by the end of every month. If you are consistently past due, your membership will be suspended.

Upon acceptance of membership at LCC, I affirm that I will abide by the Bylaws of the Club and the rules and regulations that are passed by the duly constituted Governance of the Club; and accept it as my sole responsibility to remain informed of such Bylaws and Rules and Regulations. Any request for change in membership status after initial acceptance must be submitted in writing to the President of our Board of Directors and turned in to the Club office.

Applicant Signature _____ Date _____