



**Bear Hill Golf Club**  
**2 North Street, Stoneham, MA 02180**  
**781-245-4295**  
www.bearhillgolfclub.com

Date mailed: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Interview Date: \_\_\_\_\_

## MEMBERSHIP APPLICATION

Please EMAIL your application (w/2 member sponsors) to: [membership@bearhillgolfclub.com](mailto:membership@bearhillgolfclub.com)

By submitting and signing this application the undersigned applicant(s) that if elected to a membership, all such members, family members and their guests shall abide by the Bylaws of BHGC and the Rules & Regulations adopted by the Board of Governors or amended from time to time and shall be responsible for and shall pay when due all initiation and other fees, dues, and charges, together with all costs of collection of overdue amounts including but not limited to reasonable attorney fees.

**Please PRINT all information**

Application Date: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Name (if Family membership): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Applicant Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Applicant Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\*Applicant Email for statements: \_\_\_\_\_ Alternate email: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Membership Requested.** Please circle either Family (F) or Individual (I) for each activity.

**SOCIAL Only:** F/I **GOLF** (includes Social): F I **YA GOLF** (includes Social): F I **POOL** (includes Social): F I

**For Golf Membership Only:** Half Locker (included) Full Locker (extra charge) **TENNIS ADD-ON:** F I

If requesting **Family Membership**, please provide the names and DOB for all children under 25 that reside with you.

Dependents' Name: 1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***I fully understand that the application fee of \$100 and all initiation fees are non-refundable.***

A \$100 application fee will be required during your interview. You do not need to submit the application until your interview.

**SPONSORS:** We undersigned members propose the above applicant(s) and recommend his and/or her election. **We further agree that we equally ensure the financial liabilities and conduct of the prospective member for the first year of membership.**

1.) Sponsor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Member #: \_\_\_\_\_  
2.) Sponsor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Member #: \_\_\_\_\_

**FOR CLUB USE ONLY .... BOARD of GOVERNORS: I certify that I have personally met the applicant.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Membership Committee Interview: \_\_\_\_\_ Initials: \_\_\_\_\_

**NOTE: Applications will not be accepted unless all required information above is completed.**