



For Office Use Only:

Membership Application

2019-2020

Member's Name: _____

Address: _____

City: _____ State: _____ p Cod _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Date of Birth: _____

Spouse Name: _____

Spouse Email: _____

Unmarried children under 26 yrs. old as of April 1, 2019 who are claimed as a dependent and reside with primary member.

Child 1	DOB: _____
Child 2	DOB: _____
Child 3	DOB: _____
Child 4	DOB: _____

Make your membership selection:

		<i>Check Box</i>
* All Inclusive Single (Golf Dues & Course Fees Included)	#####	<input type="checkbox"/>
* Individual Golf Membership (\$25 Course Fee Per Outing)	#####	<input type="checkbox"/>
* Family Golf Membership (\$25 Course Fee Per Outing)	#####	<input type="checkbox"/>
* Junior Golf Membership (12-20 yo as of 4/1/2019)	\$400.00	<input type="checkbox"/>
* Range Plan Single	\$425.00	<input type="checkbox"/>
* Range Plan Couple/Family	\$650.00	<input type="checkbox"/>
* Club Storage - Annual Fee	\$50.00	<input type="checkbox"/>
* Locker Rental - Annual Fee	\$30.00	<input type="checkbox"/>
* Single Swim & Tennis Membership	\$450.00	<input type="checkbox"/>
* Couple Swim & Tennis Membership	\$650.00	<input type="checkbox"/>
* Family Swim & Tennis Membership	\$725.00	<input type="checkbox"/>



AUTO PAY – Breton Bay Golf & CC is offering an AUTO-PAY option for your monthly statements. All monthly billing will be deducted from your designated credit card or checking account. See attached Customer Authorization Recurring Auto Payment Form.

Golf Membership

I agree to make my membership payments in _____ One Full Payment or _____ 20% down with 6 monthly installments.

There is a 10% transaction fee added to your deposit when you choose the golf membership installment plan. A deposit of \$405 for single golf, \$600 for family golf, and \$1,250 for all inclusive is due at sign up.

Pool Membership

I agree to make ___ One Full Payment or ___ 50% down with remaining billed May 30th

Attached is my deposit of \$ _____.

Please send my statements via: Email _____ or US Postal _____

I accept this application as a binding contract and agree that all persons covered by membership(s) will comply with the Member Policies of the Club. I have read and understand the Member Policies. I agree to make membership payment for the Entire Year. I understand I will be assessed a 1.5% per month late charge on all past due charges. Membership and charging privileges will be suspended until full payment is made. I will be held responsible for any reasonable legal fees incurred in the collection of this account or 40% of the outstanding balance.

Signature: _____

For Parents with Children on their account:

I, the above mentioned member, do authorize the children listed on this application to have full charging privileges at Breton Bay Golf & Country Club and I assume full financial responsibility in regards to making full payment on my monthly bill.

Signature: _____

BBGCC Contact Numbers:

Business Office: 301-475-3068 Golf Shop: 301-475-2300 Fax: 301-475-7913

MEMBER FEES

Course Fees per round:

18 Holes.....	\$25.00
9 Holes.....	\$15.00
Walking (weekdays only).....	\$15.00
Junior.....	\$10.00

Pool Tennis Fees:

Daily Guest Fee.....	\$5.00
Weekly Guest Fee (out of town guests - per family).....	\$50.00
Weekly Guest Fee (out of town guests - per individual).....	\$15.00

NON-MEMBER FEES

Per Golfer	Monday-Friday	Sat., Sun. & Holidays
18 Holes with Cart	\$52.00	\$62.00 till 2:00pm \$50.00 2:00pm-4:00pm
18 Holes W/O Cart	\$32.00	\$45.00 till 2:00pm \$35.00 2:00pm-4:00pm
9 Holes with Cart	\$32.00	####
9 Holes W/O Cart	\$22.00	####
Twilight 18 Holes with Cart (After 4:pm)	\$30.00	####
Twilight 18 Holes W/O Cart (After 4:pm)	\$25.00	####
Junior 18 W/O Cart (Under 18 yo)	\$30.00	####
Junior 9 Holes W/O Cart (Under 18 yo)	\$20.00	####





Customer Authorization Recurring Auto Payment Form

Account Information:

Company Name: Account # Located on upper right of invoice
Contact Name: Phone: Date:

Payment Options:

Credit Card Payment:

Name of Cardholder:
as it appears on card
Credit Card Billing Address:
City: State: Zip:
Credit Card Type: Credit Card #
Expiration:

I authorize Breton Bay Recreation, Inc. to charge my account on a regularly recurring basis to bring the account listed above current. I understand that it is my responsibility to monitor my credit card charges and verify that payments are processed properly.

SIGNATURE of Cardholder: _____

Electronic Check Payment:

Please include copy of voided check.

Name on Checking Account:
Address on Check:
City: State: Zip:
Routing #: 9 digits Account #:

I authorize Breton Bay Recreation, Inc. to charge my account on a regularly recurring basis to bring the account listed above current. I understand that it is my responsibility to monitor my bank charges and verify that payments are processed properly.

SIGNATURE of Account Holder: _____

IMPORTANT NOTICE: You are responsible to keep your auto payment information on file current. Please submit a new authorization form for any credit card/electronic checking account changes, especially expiration dates. If your payment is not processed, it is your responsibility to contact us for information or submit a revised form with current information. Accounts with outstanding balances are subject to being disabled until payment is received. Please monitor your credit card/bank charges. You will continue to receive invoices and statements. Payments received after the statement date will not show on statement. Please reconcile your account each month.

Questions?
Call (301) 475-3068
Submit form via-
Fax – (301) 475-
7913

Email – admin.bretonbay@md.metrocast.net
Mail – Breton Bay Recreation, Inc., 21935 Society Hill Road,
Leonardtown, MD 20650