



2024 Membership Application

Name: _____ ☐ Prior ☐ New

Mailing Address: _____
(Street or PO Box #)

(City) _____ (State) _____ (Zip) _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Email: _____ Date of Birth: _____

Spouse: _____ Date of Birth: _____

Spouse Email: _____ Spouse Cell Phone: _____

Children (if applicable):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Membership Classification Requested: _____

I acknowledge that the information provided in this application for membership to Fox Hopyard Golf Club (FHY), a private club, is true and correct. I hereby authorize FHY to evaluate my application for acceptance to become part of the membership and agree to the following:

- I agree that my guests and I will abide by the rules and regulations of FHY as now in effect or amended hereafter;
- I understand that failure to make any payments by the due date may result in the suspension or cancellation of my membership privileges.

Applicant Signature _____ Date: _____



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Name: _____

Membership Categories	Dues Monthly Billing Available	Annual Restaurant Minimums (Applicable to food and soft drinks only)	Initiation Fees (may be paid in 3 annual installments)
<input type="checkbox"/> Junior Membership (12–18 yrs old, limited quantity)	\$2,125	N/A	N/A
<input type="checkbox"/> Young Professional (19–37)	\$4,275	\$800 annually	\$4,000
<input type="checkbox"/> Young Professional Family (19–37; includes spouse and all children under the age of 18)	\$5,675	\$1,200 annually	\$6,500
<input type="checkbox"/> Single (38 and older)	\$6,350	\$1,000 annually	\$6,500
<input type="checkbox"/> Family (38 and older; includes spouse and all children under the age of 18)	\$9,625 (\$800 additional charge per child up to the age of 23)	\$1,600 annually	\$10,000

*Connecticut State tax is not included in the listed price and will be applied upon billing.

CREDIT CARD AUTHORIZATION

Name on Credit Card _____

Credit Card Number _____ Expiration Date _____ CVV (3 Digit Security Code) _____

Billing Address _____

City _____ State _____ Zip _____

I authorize the club to obtain such information as the club deems necessary to extend credit to me under a membership account at the Fox Hopyard Golf Club. Applicant and corporate designee (if applicable) agrees to conform, abide by and be bound to the membership fees, rules and regulations of the club as they may be amended from time to time.