



# 2024 Social 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: \_\_\_\_\_

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: \_\_\_\_\_

Membership	Dues	Food Minimums	Initiation Fees
<input type="checkbox"/> Single Membership	\$2,500	\$500 annually	\$2,500
<input type="checkbox"/> Family Membership	\$4,000	\$800 annually	\$4,000

\*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.*