

Johnson Golf Management, Inc.
P.O. Box 1659
Harwich, MA 02645
(774) 408-7661
www.johnsongolfmanagement.com

Chatham Seaside Links
209 Seaview Street
Chatham, MA 02633
(508) 945-4774
www.chathamseasidelinks.com

2025 GOLF MEMBERSHIP APPLICATION

Resident memberships are for taxpayers and or residents of Chatham and Harwich only. Proof of residency is required. Please provide a current tax bill or auto registration as proof of residency.

This membership is valid April 1, 2025 to March 31, 2026.

All members and their guests shall abide by the rules and regulations and by any amendments or modifications.

All members and their guests using the facility must register at the Pro Shop upon arriving at the club.

Any member may be expelled or suspended by JGM. Cause for expulsion or suspension may consist of violation of any club rule.

Memberships are non-transferable and non-refundable.

| Type of membership: (all ages are as of 04/01/25) | Chatham & Harwich | |
|---|---------------------|---------------------|
| | Resident | Non-Resident |
| Individual | \$350.00 () | \$450.00 () |
| Family (individual + spouse/partner) | \$500.00 () | \$600.00 () |
| Additional Family (each additional family member under the age of 21 years, residing in the same family household) | \$100.00 () | \$150.00 () |
| Junior (17 years of age or younger) | \$100.00 () | \$150.00 () |

MGA Handicap now purchased/renewed directly through Mass golf at: www.massgolf.org

Last Name: _____ First Name: _____ DOB: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Residency Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email Address: _____

Additional Family Members:

- | | | |
|---------------------|-------------------|------------|
| 1) Last Name: _____ | First Name: _____ | DOB: _____ |
| 2) Last Name: _____ | First Name: _____ | DOB: _____ |
| 3) Last Name: _____ | First Name: _____ | DOB: _____ |
| 4) Last Name: _____ | First Name: _____ | DOB: _____ |
| 5) Last Name: _____ | First Name: _____ | DOB: _____ |

I certify that the information provided by me in this application is true and complete. I understand that any falsification or omission by me on this application is grounds for expulsion. I certify that I have read and understand the rules and regulations stated here. I agree to abide by all rules and regulations of the golf course. Failure to abide by the rules and regulations will result in the suspension of membership.

**I FULLY UNDERSTAND THAT THIS MEMBERSHIP IS NON-REFUNDABLE AND NON-TRANSFERABLE
FAILURE TO ATTEND THE FACILITY DOES NOT CONSTITUTE A REFUND**

SIGNATURE _____ DATE: _____

***Make checks payable to Johnson Golf Management, Inc. and mail to:**

**JOHNSON GOLF MANAGEMENT, INC.
PO BOX 1659
HARWICH, MA 02645**

STAFF USE ONLY

Type of Payment: (cash or check only for memberships, if paying by credit card add 3%)

Cash: _____ Credit Card#: _____ Exp. Date: _____ 3 Digit Code: _____

Check #: _____ Amount: \$ _____ Date Paid: _____