



**PO Box 72 DOVER RD.,  
BARNEVELD, NY 13304  
glasshillgolf.com**

**2018 Application for Membership**

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

Name (s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email address must be completed for correspondences: \_\_\_\_\_

Couple memberships please list more than one email address.

**PLEASE CHECK MEMBERSHIP THAT APPLIES:**

\_\_\_\_\_ 2018 High School Membership **\$108.25**

\_\_\_\_\_ 2018 College Membership **\$162.38**

\_\_\_\_\_ 2018 Single Membership **\$412.67** (Deduct 50% if you haven't been a member since 2015)

\_\_\_\_\_ 2018 Couples Membership **\$562.95** (Deduct 50% if you haven't been a member since 2015)

\_\_\_\_\_ 2018 Family Membership **\$596.46** (Deduct 50% if you haven't been a member since 2015)

Any **current** member wishing to upgrade his/her membership status in the following fashion; Single to Couple, Single to Family, or Couple to Family **must** sign this document and provide (2) two other current members signatures as sponsors of this application.

Applicant \_\_\_\_\_

Sponsors \_\_\_\_\_

**COUPLE & FAMILY MEMBERS MUST BE FROM SAME HOUSEHOLD AND/OR A DEPENDENT ON THE CORRESPONDING MEMBERS INCOME TAX RETURNS.**

**PLEASE LIST ALL MEMBERS ELIGIBLE TO PLAY UNDER MEMBERSHIP:**

NAME & AGE (if child)

1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_



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A NEW applicant must provide (2) current members signatures as sponsors with this form. Please contact a board member if you do not have a sponsor.

Applicant \_\_\_\_\_

Sponsors \_\_\_\_\_

**Trail Fee – fill in separate form (\$175.00)**

**Trail Fee Application**

I hereby agree to proper use and procedure of carts on the course at Glass Hill. I acknowledge the undersigned person(s) will be the only users (drivers) of said cart. I have enclosed **\$175.00** for my trail fees in addition to my regular membership fees.

**Please print names clearly on lines below:**

1. \_\_\_\_\_

2. \_\_\_\_\_

Cart Number \_\_\_\_\_

Signed: \_\_\_\_\_

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

**Please send completed document and payment in full to address below.**

**Payment should be made out to Glass Hill Golf Course**

**Mailing address for application and payment: Burt Ohmann 3875 State Route 12 Clinton, NY 13323**

**glasshillgolf.com**