



Application for Membership

Date: _____

Full Name: _____ Date of Birth: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ USGA GHIN Member # (if currently established) _____

Type of Membership: _____ First Year Dues: _____

First Year Initiation Fee: _____ Amount of First Payment: _____

If applying for a Family Membership:

SPOUSE'S NAME: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

I hereby apply for a membership in Cohasse Country Club. If elected I agree to abide by all the rules, by-laws and regulations of the club. I understand that the board of Governors reserves the right to accept, reject or revoke all applications and memberships. I understand that the Board of Governors has the right to change the rules and regulations in the best interest of the club.

Signature of Applicant:

Member Sponsor: _____

Return To:
New Members Office – Cohasse Country Club
c/o Josh Canning, Chris Dono, Joe Mahaney
393 Eastford Road, Southbridge, MA 01550
membership@cohasse.com
Office - 508-764-6801

Member Number: _____
This is a charging code that will be assigned
by Cohasse after approval.