



Beaver Creek Country Club

9535 Mapleville Road
Hagerstown, MD 21740
Office: 301-733-5138 Fax:301-733-6610
www.BeaverCreekCC.com



Membership Application

[] Acc [] M/C [] W/L

Name (Primary) _____ Date of Birth _____

Current Membership (if any)? _____ Application Date _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Work/Cell) _____

Email-1 _____ Email-2 _____

Other Applicant Names _____ Date of Birth _____

Other Applicant Names _____ Date of Birth _____

Other Applicant Names _____ Date of Birth _____

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Other Applicant Names _____ Date of Birth _____

Membership Type Requested:

- Full (REGULAR) Golf – 7 days a week – no restrictions
 - Full (MID LEVEL) Golf – 7 days a week – no restrictions
 - Full (UNLIMITED CARTS) Golf – 7 days a week – no restrictions
 - Full (UNLIMITED WALK) Golf – 7 days a week – no restrictions
 - Full (UNLIMITED WALK SUPER SR.) Golf – 7 days a week – no restrictions
 - Student / Youth (Age =< 22) – 7 days a week
 - Flex –Can play anytime Monday through Friday; Saturday-Sundays and Holidays after 11:00am
 - Corporate – 4 Named Individuals; 7 days a week – some restrictions (see program details)
 - Family Swimming Pool Membership
 - Couple Swimming Pool Membership
 - Single Swimming Pool Membership
- COUPLE RATE is 1.5 (x) the INDIVIDUAL RATE for GOLF.
 - FAMILY RATE is 1.8 (x) the INDIVIDUAL RATE for GOLF.

By signing this application you agree to a minimum 1 Year Membership (except Student (Youth) membership

Signature _____ Date _____

*****Applicants must get their photo taken for ID cards*****

Remit Application with payment to: or Provide Credit Card Info:

Beaver Creek Country Club
9535 Mapleville Road
Hagerstown, MD 21740

Name on Card: _____
Card Number: _____
Expiration Date: _____ Security #: _____