



Beaver Creek Country Club.

9535 Mapleville Road
Hagerstown, MD 21740
Office: 301-733-5138 Email: DoraBCCC@gmail.com
www.BeaverCreekCC.com



Membership Application

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

Name (Primary) _____ Date of Birth _____

Referred by (pool membership only) _____ 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 _____

Other Applicant Names _____ Date of Birth _____

Other Applicant Names _____ Date of Birth _____

Membership Type Requested:

- Flex – 7 days a week (Some Groups/Gangs are restricted)
 - Full (REGULAR) Golf – no restrictions
 - Full (MID) Golf – no restrictions
 - Full Golf – no restrictions
 - Full (SUPER SR. Age 80+) Golf – no restrictions (50% off any FULL membership above)
 - Block-10 Golf – no restrictions
 - Student / Youth (Age =< 26) – some time restrictions apply
 - 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 (for any FULL membership)
 - FAMILY RATE is 1.8 (x) the INDIVIDUAL RATE for GOLF (for any FULL membership)

By signing this application you agree to a minimum 1 Year 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 #: _____