2027 MEMBERSHIP AGREEMENT

Breakfast Hill Golf Club
339 BREAKFAST HILL ROAD
GREENLAND, NH 03840
(603) 436-5001 / BREAKFASTHILL.COM

OFFICE USE ONLY

Primary Member Name:_____

Primary Member Phone: (_____)_____

Primary Member Email:_____

Spouse/Partner Member Name (if applicable):_____

Spouse/Partner Member Phone (if applicable):: (_____)_____

Spouse/Partner Member Email (if applicable)::_____

*** WRITE "SAME" ON ADDRESS LINES BELOW IF UNCHANGED FROM PREVIOUS SEASON ***

Address:_____

City:_____State:_____Zip:_____

*** PHONE & EMAIL REQUIRED ***

Primary Member's GHIN number(s) from previous club (if applicable):_____

Spouse/Partner Member's GHIN number(s) from previous club (if applicable):_____

Indicate your membership selection with a prominent "check" mark next to the appropriate selection(s). All membership fees are due in-full by March 16, 2027.

FULL - $3,050	Pay 100% on/by 12/20/2026 to receive incentive (range balls) Pay 50% on/by 12/20/2026 to get $3,050 price; balance due on/by 3/16/27 Price increases by $400 if no deposit on/by 12/20/2026 Additional spouse add $2,750 (increases by $400 after 12/20/2026 with no deposit)	_____
WEEKDAY - $1,590	Pay 100% on/by 12/20/2026 to receive incentive (Golf Shop Credit) Pay 50% on/by 12/20/2026 to get $1,590 price; balance due by 3/16/27 Price increases by $400 if no deposit on/by 12/20/2026 Additional spouse add $1,290 (increases by $400 after 12/20/2026 with no deposit)	_____
AFTERNOON - $1,970	Pay 100% on/by 12/20/2026 to receive incentive (Golf Shop Credit) Pay 50% on/by 12/20/2026 to get $1,970 price; balance due by 3/16/27 Price increases by $400 if no deposit on/by 12/20/2026 Additional spouse add $1,670 (increases by $400 after 12/20/2026 with no deposit)	_____
SEASON-PASSES	7-DAY CART: $830 WEEKDAY DAY CART: $730 RANGE: $400 for 2027 members; $475 for non-members	_____ _____ _____

***** RECOMMENEDED TO PLACE CREDIT CARD ON FILE FOR SECOND-HALF OR ANCILARY PURCHASES *****

Type of Card/Credit Card #: _____

Expiration Date:_____CV Code (on back of card): _____Billing Zip Code:_____

RECOMMENDED - IN CASE OF EMERGENCY CONTACT INFORMATION

Name (First and Last):_____

Phone:_____

☐ **CHECK HERE IF YOU GIVE THE CLUB PERMISSION TO AUTOMATICALLY PROCESS ADDITIONAL BALANCE PAYMENT ON/BY DECEMBER 20, 2026. YOU MUST PROVIDE CARD INFORMATION ABOVE.**

☐ **CHECK HERE IF YOU GIVE THE CLUB PERMISSION TO AUTOMATICALLY PROCESS ADDITIONAL BALANCE PAYMENT ON MARCH 16, 2027. YOU MUST PROVIDE CARD INFORMATION ABOVE.**

I/We have completely read and understand and will abide by the Breakfast Hill Golf Club Rules Policies. I/We accept and agree to be bound by all Club policies mentioned therein including penalty fees for non-cancelled tee times. To obtain a copy of Rules and Regulations, please contact the Director of Golf. By paying membership dues, the Member gives Breakfast Hill Golf Club permission to release contact information to other members.

Signature(s):_____ Date:_____

Payments accepted by cash, check, or credit card (Visa, MasterCard, American Express or Discover). Make checks payable to "Breakfast Hill Golf Club".