



2026 Membership Application

See current year Membership Rate page

Name _____
Address _____

Phone _____
Cell Phone _____
Email _____

Mark Box with desired option and record the cost

	STOCKHOLDER	NON STOCKHOLDER	\$ COST
Single - 7 Day	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Single - 7 Day (under 30)	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Single Mid-Week (M-F)	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Family (2 adults)	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Name - _____			
Name - _____			
additional family \$ - _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
additional family \$ - _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Student - HS / College	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Duel Membership - Single	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Duel Membership - Family (2)	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Name of other Club _____			
League	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Corporate	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Name of Corporation _____			
CART - Single - full season	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
CART - Family (2) - full season	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
CART - 10 Play Card	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Bag Storage (non-stockholder)	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>

SUB TOTAL	\$ <input type="text"/>
6% VT Sales Tax	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>
GHIN Card	\$ <input type="text"/>
GRAND TOTAL	\$ <input type="text"/>

PAYMENT OPTIONS - Cash / Check / CC

Card # _____

Exp Date _____

CVV Security Code _____

A 3.5% fee will be added to all credit card transactions. No surcharge for checks.

Be sure to add the 6% VT sales tax

Make checks payable to:

Lake St. Catherine Country Club

PO Box 326, Poultney VT 05764

Date: _____