

COBLESKILL GOLF AND COUNTRY CLUB

2025

2025

Member Name(s)	PLEASE	
Children names, BIRTHDATES, and SCHOOL NAME	PRINT	
IF COLLEGE STUDENT, MUST PROVIDE copy of ID or other proof		
Mailing Address	CLEARLY	
e-Mail Address(s)		
Telephone(s)		
MEMBERSHIP DUES		\$ paid
ADULT SINGLE (ages 31-79)	\$980	
ADULT COUPLE (live in same household)	\$1,645	
Senior 80+ Members (add \$665 for spouse under 80) (add \$340 for spouse 80+)	\$500	
Junior (ages 19-30) see Youth membeship for exception to age	\$450	
YOUTH Age 12-18 (Parents not members) or in school or college (MUST Provide proof of matriculation)	\$185	
TO ADD YOUR CHILDREN TO ANY MEMBERSHIP, add ONLY one fee of \$85	\$85	
MEMBERSHIP DUES WEEKDAYS ONLY		
Weekday only SINGLE	\$825	
Weekday only COUPLE	\$1,380	
CARTS		
LEASE SINGLE (any riders must also have a lease or pay for their ride)	\$825	
LEASE COUPLE (any rider must be one of couple or have a lease or pay for their ride)	\$1,380	
WEEKDAY ONLY cart LEASE SINGLE	\$640	
WEEKDAY ONLY cart LEASE COUPLE	\$960	
OWNED cart SINGLE	\$575	
OWNED cart COUPLE	\$915	
CART PUNCH CARD 10 rentals for 9 holes(member may purchase up to 4 cards)	\$120	
Daily Cart Fee for Membesr and Guests of Members		
per person for 9 holes: \$13		
per person for 18 holes: \$21		
PRACTICE RANGE PER PERSON	\$145	
STORAGE of golf clubs or walking cart PER BAG OR CART	\$45	
GREENS FEE PASSES (up to 60) \$ 20 EACH		
purchasing 60 or more includes 1 single membership for named individual		
TOTALS		\$ ____
ALL OPTIONS ARE AVAILABLE ONLY TO MEMBERS		
<p>By completion of this form, I agree to the following: I understand and agree that as a member of the Cobleskill Golf & Country Club I accept complete responsibility for all dues and fees for the 2025 season. I further understand and agree that I am subject to the rules and regulations as published in the membership booklet included on the club's website (golfcobleskill.com). I understand that all membership dues and fees must be paid in full before playing privileges are extended, <u>Deadline is April 1, 2025</u>, unless installment arrangements have been arranged with the Membership Chair.</p>		
MAIL: Roxanne Marks, PO Box 34, Richmondville, NY 12149		office use only rec'd _____ contacts _____ System _____ Bank deposit _____ balance due _____
EMAIL: cgcc.membership@gmail.com DO NOT INCLUDE CREDIT CARD INFO IN AN EMAIL		
PHONE OR TEXT is best way to pay by card or arrange installments 518-466-6227		
Card Number: _____		
Epiration Date: _____ Three or 4 digit Security Code: _____		
ZIP CODE for credit card: _____ AMOUNT TO CHARGE NOW: \$ _____		
CARDHOLDER NAME as shown on card: _____		
CARDHOLDER SIGNATURE: _____		