

COBLESKILL GOLF AND COUNTRY CLUB

FALL 2026 and 2027

MUST NOT HAVE BEEN A MEMBER FOR AT LEAST 3 YEARS TO QUALIFY

PAY MINIMUM OF 50% of current (2026) DUES to PLAY ALL FALL AND balance to play 2027 season

Optional purchases (cart leases, range, etc.) Can NOT be purchased with this offer.

Member Name(s)	PLEASE PRINT CLEARLY PLEASE!!		
Children names AND BIRTHDATES			
COMPLETE Mailing address INCLUDE ZIP CODE			
e-Mail Address(s)			
Telephone(s)			
MEMBERSHIP OPTIONS WITH UNLIMITED GOLF		To Pay in FULL \$\$	minimum \$\$ DEPOSIT
SINGLE ADULT (31-79)	1,078	539	
ADULT COUPLE (31-79)	1,810	905	
80+ Members (add \$730 for spouse under 80) (add \$375 for spouse 80+)	550	275	
YOUNG ADULT Age (19-30) see Youth membership for exception to age	495	248	
YOUTH Age 12-18 (Parents are not members) or in school or college (MUST Provide proof of matriculation to qualify for this option)	200	100	
TO ADD YOUR CHILDREN TO ANY MEMBERSHIP, add ONLY one fee	95	48	
MEMBERSHIP OPTIONS WITH LIMITED GOLF			
WEEKDAYS ONLY - Single	910	455	
WEEKDAYS ONLY - Couple	1,520	760	
TOTAL PAYMENT INCLUDED WITH APPLICATION	\$	\$	
CHOOSE YOUR DEFAULT TEES FOR TOURNAMENTS AND LEAGUES:		RED _____	SILVER _____ WHITE _____

By completion of this form, I agree to the following:

I understand and agree that as a member of Cobleskill Golf & Country Club, I accept complete responsibility for all dues and fees for the 2027 season, and all will be PAID IN FULL BEFORE April 1, 2027 or as otherwise agreed.

I further understand and agree that I am subject to the rules and regulations as published in the membership book and included on the club's website (golfcobleskill.com) Club's rules and regulations may also be picked up at our golf shop.

MAIL: Cobleskill Golf & Country Club Inc PO Box 367, cobleskill NY 12043

EMAIL: cgcc.membership@gmail.com DO NOT INCLUDE CREDIT CARD INFO IN AN EMAIL

PHONE: Golf Shop 518-234-4045 this is the BEST way to pay by card or arrange installments

Card Number: _____

Expiration Date: _____ Three or 4 digit Security Code: _____

CARDHOLDER NAME and SIGNATURE _____

office use only
rec'd _____
System _____
Bank deposit _____
contacted for complete info _____