

# 2025 Resident Freeze Membership Application

## ATTENTION

Resident Freeze Memberships are only for those members that were locked in previously and have maintained a membership for 10 consecutive years or more.

**If you were not a "Freeze" member previously, you do not qualify at this time.**

Applicant \_\_\_\_\_ Member #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Dennis Address \_\_\_\_\_

RESIDENT MEMBERSHIP CATEGORIES (please select one) **\*SUBJECT TO AGE VERIFICATION**

TYPE

☐ Resident Freeze I\* (*Renewal Only*)

☐ Resident Freeze II\* (*Renewal Only*)

☐ Resident Freeze III\* (*Renewal Only*)

FEE

\$679.00 Date of Birth: \_\_\_\_\_

\$699.00 Date of Birth: \_\_\_\_\_

\$724.00 Date of Birth: \_\_\_\_\_

## CASH OR CHECK ONLY

Checks Made Payable to "Town of Dennis"

Mail to: Dennis Golf, 825 Old Bass River Rd., Dennis, MA 02638

## MEMBERSHIPS ARE NON-TRANSFERABLE

**\*Please include copy of current tax bill or lease agreement for address verification**

By signing below, you acknowledge the Rules and Regulations as set forth by the Board of Selectmen and Director of Golf, including the Rules Infractions, Alcohol Use Policy\*\*\* and Refund and Age Policies\*\*\*\*. This membership entitles you to the privileges of the Dennis Pines and Dennis Highlands Golf courses as set by the Board of Selectmen and the Director of Golf. This membership may be cancelled or suspended at any time at the discretion of the Director of Golf if your actions are unbecoming of a member of the golf course.

\*\*\*Alcohol is not permitted on any course unless purchased from the Restaurant on said premises. Violations will result in removal from golf course.

\*\*\*\* Refund, Age and Alcohol Policies may be found online at [www.dennisgolf.com](http://www.dennisgolf.com) or you may find a copy at the Pro Shop.

## POLICY FOR MEMBERSHIP REFUNDS

1. Any member may receive a full refund of membership for any reason before March 1<sup>st</sup> of current membership year.
2. Any member may receive a full refund under the following conditions after March 1<sup>st</sup> prior to June 30<sup>th</sup>:
  - a. Documentation of a serious medical condition must be presented to the Director of Golf within 60 days after membership has been paid.
  - b. No more than 3 rounds of golf have been played since the membership payment was made. If 1, 2 or 3 round(s) of golf have been played then the cost of the green fee associated with the round(s) of golf will be deducted from the money refunded.
  - c. The 60 day period of eligibility for a refund does not go past June 30<sup>th</sup> of the current membership year.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## GOLF CART RENTAL MARCH 1, 2025 THRU FEBRUARY 28, 2025

The golf cart is hereby leased to the indicated lessee for the date range indicated on said agreement. The lessee acknowledges that he/she has a valid driver's license and is familiar with the use of operation of the said cart, and he/she will use and operate the cart in a safe, prudent manner for the playing of golf. The lessee agrees to return the cart in the same condition as he/she received it and shall be responsible for any damage or breakage. The lessee also agrees that no right of action shall accrue to the lessee for any loss or damage to person or property arising from the use of the cart or resulting from any mechanical failure or component of the said cart. The lessee further agrees to hold Dennis Golf free and harmless against all claims arising from the operation of the said cart. The lessee shall assume the entire responsibility of loss or damage to cart, person or property caused by a guest passenger.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

AMOUNT COLLECTED: \_\_\_\_\_ PAYMENT TYPE: ☐ CASH ☐ CHECK # \_\_\_\_\_ ☐ GIFT CARD # \_\_\_\_\_ MAP \_\_\_\_\_ PARCEL: \_\_\_\_\_

TAX BILL ☐ RENTAL/LEASE AGREEMENT ☐ COHABITANT AGE VERIFICATION: LICENSE/ID ☐ BIRTH CERT ☐ OTHER ☐

APPLICATION PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_