2025 Grandfather/Cottage Membership Application

* In order to be eligible for Grandfather Membership, you must have been a member for 10 consecutive years or longer while a Dennis Resident who no longer resides in the Town of Dennis.

Anyone who does not meet that requirement is ineligible and must renew as a Non-Resident Member ** Cottage Colony Memberships are for those recognized cottage colonies within the Town of Dennis**

			nail:
Mailing Address:			
City:	State:	Zip:	Phone:
FEE: \$1179.00			
CASH OR CHECK ONLY			
Checks Made Payable to "Town of Dennis" Mail to: Dennis Golf. 825 Old Bass River Rd., Dennis. MA 02638			
course. **** Refund, Age and Alcohol Policies may be	_		-
	rship for any reason before following conditions after l condition must be preser been played since the mer with the round(s) of golf	r March I st prior to j nted to the Director nbership payment v will be deducted fro	nt membership year. June 30 th : r of Golf within 60 days after membership has been paid. was made. If 1, 2 or 3 round(s) of golf have been played then om the money refunded.
Signature of Applicant:			Date:
The golf cart is hereby leased to the indicated he/she has a valid driver's license and is far safe, prudent manner for the playing of golf responsible for any damage or breakage. To be person or property arising from the use of	ited lessee for the data niliar with the use of c . The lessee agrees to the he lessee also agrees the f the cart or resulting to the tarmless against all	e range indicated operation of the seturn the cart in the tart in the tart in at no right of action any mechanclaims arising for the content of the content	J FEBRUARY 28, 2026 and on said agreement. The lessee acknowledges that said cart, and he/she will use an operate the cart in a nother than the same condition as he/she received it and shall be action shall accrue to the lessee for any loss or damage mical failure or component of the said cart. The lessee from the operation of the said cart. The lessee shall sed by a guest passenger.
Signature of Applicant:			Date:
	FOR OFFI	CE USE ONL	LY
AMOUNT COLLECTED:	PAYMENT TY	PE: 🗆 CASH 🗆 CH	HECK # GIFT CARD #
NEW MEMBER: \Box TEE TIME INSTRUCTIONS GIVEN (NEW MEMBER ONLY): Y OR N			

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