

MEMBERSHIP APPLICATION

Membership Type	Up to March 31, 2025	After March 31, 2025
Single – Full Membership	850	890
New Member	600	600
Husband/Wife	1475	1515
Family (Includes one child. Each additional child \$80)	1575	1615
Student: (High School & Younger)	200	225
College Student: (Age 22 or less)	300	325
Cart Card	575	575
Cart Card – League Night ONLY (Twilight/Starlight)	185	185
Please make checks payable to AVCC TOTAL DUE	\$	

You may also pay by Credit Card:	**Subject to ac	dditional 3% fee**	
(<u>PLEASE CIRCLE TYPE</u>)	MasterCard	Visa	American Express
Expiration Date:	Card N	umber:	
Signature:			
MEMBERSHIP TO BE IN THE NA			
1 st Member:		Date of Birth: _	
2 nd Member:		Date of Birth: _	
3 rd Member:		Date of Birth:	
4 th Member:		Date of Birth:	
Mailing Address:	To	wn/City:	
State:	Zip Code:		
Phone #:	E-mail:		
Please remit to: Androscoggin	Valley Country C	Club	

PO Box 280

Gorham, NH 03581

WWW.AVCCGOLF.COM

