



Application for Membership

YOUR SEARCH IS OVER



Desired Membership Classification

○ Senior (Ages 46 & Above) ○ Associate (Ages 40-45) ○ Intermediate (Ages 30-39) ○ Young (Ages 19-29)

Membership Household Type

- Family
- Single

Membership Access Level

- Golf Access
- Non-Golf Access

Applicant Information

Name	Title	First	MI	Last
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Home Address _____
Street City State Zip Code

Seasonal Address _____

Street	City	State	Zip Code

Primary Email Address

Mobile Telephone Number _____ Date of Birth _____

Occupation and/or Nature of Business or Profession o Retired

Name of Company	Title
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Business Email Address Business Phone Number

☐ Single ☐ Married ☐ Significant Other ☐ Widowed Anniversary Date

Spouse/Significant Other Information

Name _____

Title	First	MI	Last
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Primary Email Address

Mobile Telephone Number _____ Date of Birth _____

Occupation and/or Nature of Business or Profession o Retired

Name of Company _____ Title _____

Business Email Address Business Phone Number

Sports Information

Please check activities you will be participating in with an "X" and an "O" for those who may wish to participate in.

Golf ☐ Me ☐ Spouse/SO ☐ Children Tennis ☐ Me ☐ Spouse/SO ☐ Children

Racquet Sports ☐ Me ☐ Spouse/SO ☐ Children Boating/Fishing ☐ Me ☐ Spouse/SO ☐ Children

Swimming ☐ Me ☐ Spouse/SO ☐ Children X-Country Skiing ☐ Me ☐ Spouse/SO ☐ Children

Dependent Information

Please list any children ages 22 and under eligible to use club facilities. *Proof of age may be required.

1. Name _____ Age _____ DOB _____
Email Address _____ Charge Privileges ☐ Yes ☐ No
2. Name _____ Age _____ DOB _____
Email Address _____ Charge Privileges ☐ Yes ☐ No
3. Name _____ Age _____ DOB _____
Email Address _____ Charge Privileges ☐ Yes ☐ No
4. Name _____ Age _____ DOB _____
Email Address _____ Charge Privileges ☐ Yes ☐ No

Clubs and Organizations

1. Name _____ City _____
Type (Golf, Social, etc.) _____ From _____ to _____ ☐ Current Member
2. Name _____ City _____
Type (Golf, Social, etc.) _____ From _____ to _____ ☐ Current Member

Sponsor/Seconder Information

Membership in the Country Club of Pittsfield is by invitation. Please identify below the three members known to you.

1. Sponsor _____ Member # _____ Years Known _____
Signature _____ Date _____
2. Seconder _____ Member # _____ Years Known _____
Signature _____ Date _____
3. Seconder _____ Member # _____ Years Known _____
Signature _____ Date _____

Agreement and Authorization

Return this completed nomination form with a check for initiation fee to your sponsor. The sponsor will attach his/her letter and the letters of the two seconders for submission to the Membership Committee.

By signing below, all parties listed on this application for membership agree to abide by the Bylaws, Rules and Policies as they exist and may be changed in the future.

By signing below, I give permission for my information to be shared on the member directory.

Signature of Applicant _____ Date _____

Signature of Spouse/Significant Other _____ Date _____

For Office Use Only

Date Posted: _____ Date Interviewed: _____

Date Elected: _____ Member Number: _____



Country Club of Pittsfield

639 SOUTH STREET • P.O. BOX 538
PITTSFIELD, MA 01201

(413) 447-8500 • INFO@CCPITTSFIELD.ORG



Country Club of Pittsfield
639 SOUTH STREET, P.O. Box 538
PITTSFIELD, MASSACHUSETTS 01202-0538

Effective 4/15/25, all new members are required to authorize their monthly statements to be paid via ACH. Please complete this form and return it to the Club office along with your application form.

RECURRING MONTHLY BANK (ACH) PAYMENT AUTHORIZATION

I, _____, authorize Country Club of Pittsfield (Merchant) to charge my **bank account** indicated below for the amount due on my monthly statement on the 16th day of each month.

BILLING INFORMATION

Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

BANK DETAILS

Account Type: ☐ Savings ☐ Checking

Bank Name: _____

Account #: _____ Routing #: _____

I agree to notify the Merchant, in writing, of any changes to my bank account. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a transaction being rejected for Non-Sufficient Funds (NSF)/Declined I understand that the Merchant may, at its discretion, attempt to process the charge again within thirty (30) days. I agree to an additional \$25.00 charge for each attempt that is returned NSF/Declined, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

Account Holder's Signature: _____ Date: _____

Printed Name: _____

PHONE: (413) 447-8500

FAX: (413) 447-8502

www.ccpittsfield.org



“Discover the Country Club of Pittsfield” **Preview Relationship Agreement**

Conditions of Preview Relationship:

I, _____, hereby apply to Preview the following membership:

☐ All Facilities Member

☐ All Facilities (except golf) Member

I understand there shall be no initial initiation fee due upon submission of my Application for Membership, in conjunction with my Preview Relationship Term. By electing to join in a provisional Preview Relationship, I agree to the following terms/conditions as they relate to joining the Country Club of Pittsfield.

- 1. Commitment to Relationship for a Minimum Preview Term of 12 Months.** I hereby obligate myself for the payment of all applicable monthly dues and all charges during my 12-month Preview Relationship Term, subject to the terms associated with the ***“Discover the Country Club of Pittsfield”*** Preview Membership Initiative.
- 2. Termination of Privileges or Membership Continuation at Conclusion of the 12-month Preview Relationship Term.** After my 12-month Preview Relationship Term has concluded, all of my privileges hereunder shall terminate **unless I elect to the following:**

On or before the 60th day of the Preview Relationship Term or before October 15th, whichever occurs first, pay the current Initiation Fee for the applicable membership category as shown below:

Initiation Fee Schedule

Membership Classification	Current Initiation Fee
All Facilities Memberships	
Senior Family Member (ages 46 & above)	\$10,000
Senior Single Member (ages 46 & above)	\$5,000
Associate Family Member (age 40-45)	\$6,000
Associate Single Member (ages 40-45)	\$4,500
Intermediate Family Member (ages 30-39)	\$3,430
Intermediate Single Member (ages 30-39)	\$2,580
Young Family Member (ages 19-29)	\$1,720
Young Single Member (ages 19-29)	\$860
All Facilities (except golf) Memberships	
Senior Family Member (ages 40 & above)	\$5,000
Senior Single Member (ages 40 & above)	\$2,500
Intermediate Family Member (ages 30-39)	\$1,750
Intermediate Single Member (ages 30-39)	\$1,290
Young Family Member (ages 19-29)	\$860
Young Single Member (ages 19-29)	\$430

Staged Payments if Purchased in First 60 Days Or Before October 15th, 2025:

New Members purchasing their membership within the first 60 days or before October 15th, 2025, whichever occurs first, may pay their Initiation Fee with three installments:

1/3 due within 60 days of application or before October 15th, 2025

1/3 due on 1st anniversary of joining

1/3 due on 2nd anniversary of joining

Monthly Credits: By purchasing their applicable membership within the first 60 days or before October 15th, 2025, whichever occurs first, new members shall also enjoy the following credits to their account **for 24 consecutive months:**

All Facilities Memberships	
Senior Family Member (ages 46 & above)	\$100
Senior Single Member (ages 46 & above)	\$80
Associate Family Member (age 40-45)	\$80
Associate Single Member (ages 40-45)	\$65
Intermediate Family Member (ages 30-39)	\$65
Intermediate Single Member (ages 30-39)	\$50
Young Family Member (ages 19-29)	\$50
Young Single Member (ages 19-29)	\$30
All Facilities (except golf) Memberships	
Senior Family Member (ages 40 & above)	\$60
Senior Single Member (ages 40 & above)	\$45
Intermediate Family Member (ages 30-39)	\$45
Intermediate Single Member (ages 30-39)	\$30
Young Family Member (ages 19-29)	\$30
Young Single Member (ages 19-29)	\$20

3. **Privileges and Limitations During Preview Relationship Term.** During my Preview Relationship Term, I shall be entitled to the use of the Club facilities and involvement in all Club activities (excluding certain Club events as determined by the Country Club of Pittsfield) and usage privileges in the category of membership in which I am approved.
4. **Mutual Agreement.** I have been invited to Preview the Club, but my acceptance as a new Member is dependent on both my interest in joining and the Club completing its customary membership approval process, per the membership plan, to its satisfaction, including approval.
5. **The Country Club of Pittsfield Bylaws and Rules and Regulations.** I agree to be bound by the Country Club of Pittsfield Bylaws and Rules and Regulations.
6. **Revocable Relationship.** The Club has the absolute right and discretion to revoke my Preview Relationship at any time before the Preview Relationship Term (12 months) concludes. If the Club exercises its right, I remain obligated and promise to pay all applicable dues and all charges incurred through the date on which the Club exercises its right to revoke my membership.
7. **Bank Authorization for Monthly Billing and Past Due Accounts.** I agree to maintain current bank account information on file with the Club at all times.

Applicant's Name _____

Signature _____ Date _____