



Passaconaway COUNTRY CLUB

2025 Passaconaway Inner Club Application

Please Print Clearly

Last Name _____ First Name _____

Phone #: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

GHIN # (if applicable) : _____

Members in the Passaconaway Inner Club will be provided with:

- USGA Handicap membership from 4/1/25 - 3/15/26, managed by the golf professional staff
- Eligibility to participate in all club tournaments
- Tee time rollover privileges for up to a foursome
- 10% discount on all regularly priced Golf Shop merchandise

I understand that the level of privilege granted to me by being an Inner Club member at Passaconaway CC may change at any time at the sole discretion of management.

Signature: _____

Date: _____

*Payment of \$110.00 is due with your completed application
and no refunds are available.*