LAKE VIEW COUNTRY CLUB

2026 MEMBERSHIP RENEWAL

MEMBERSHIP YEAR ENDS DECEMBER 31st

MEMBER NAME

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Cell: _____

City: _____ State: _____ Zip: _____

Email: _____

CO-MEMBER NAME

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Cell: _____

City: _____ State: _____ Zip: _____

Email: _____

OTHER MEMBER

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Existing Member Category:

VOTING MEMBERSHIP

- ☐ Family Golf
- ☐ Individual Golf (age 40+)
- ☐ Intermediate (age 35-39)
- ☐ Young Professional Advanced (age 30-34)
- ☐ Young Professional (age 23-29)
- ☐ Retired Couple (62 + Retired)
- ☐ Retired Individual (62 + Retired)
- ☐ Restricted

NON-VOTING MEMBERSHIP

- ☐ Non-Resident
- ☐ Social
- ☐ Social – Corp.
- ☐ Social – Corp. Assoc.
- ☐ College
- ☐ Junior
- ☐ Affiliate
- ☐ Clergy
- ☐ Dining Only

ADD ON FEES

- ☐ Bag Storage
- ☐ Locker
- ☐ GHIN Handicap: ☐1 or ☐2 (Please select)
- ☐ Pull Cart Storage

Membership Payment Type Option:

- ☐ Annually **Pay in full by February 15, 2026, for 3 free guest 18-hole rounds (1 free guest for Social Members)
- ☐ Monthly (12 installments)
- ☐ I/we understand I/we are responsible to review my/our current month's billings for accuracy. Missing or inaccurate charges must be reported immediately.
- ☐ I/we understand all billings must be paid within 10 days of receipt of the month in which billed. Unpaid balances will be charged a late fee in the amount of 2% of outstanding billings, payment must be made each month to avoid finance charges. Members past due more than 90 days may have golf and dining privileges suspended until account is made current.
- ☐ I/we understand as members of Lake View Country Club, I/we must follow the rules of play and the bylaws of the club. My/our deportment must be, at all times, respectful of other members, guests, and staff. Failure to do so may result in suspension or removal of club membership.

Signature: _____

Date: _____

RETURN FORM PRIOR TO DECEMBER 15, 2025

Lake View Country Club, 8351 Route 89, PO Box 468, North East, Pa. 16428
Phone: 814-725-9644 Email officeatlakeviewcc@gmail.com
www.lakeviewcc.com