



Indian Hill Country Club

~ Membership Application ~

2021

Application for Newington Resident Membership

Name: _____ GHIN# _____

*Only provide if signing-up
for Handicap Services*

Address: _____

Street, City, State, Zip

Phone: _____

Email: _____

By providing an email you are permitting IHCC to send periodical messages regarding club news, specials and discounts.

Date of Birth: _____

Required only for residents over 62 years of age

I agree that I have received a copy of the Rules and Regulations regarding Resident Play at Indian Hill Country Club. I further agree that I understand that the 2nd hole drainage area (rocks) is an area that I may not enter under any circumstances.

Signature: _____

FOR OFFICE USE ONLY

Card # _____

Residency Verification Type: _____

(License/Utility Bill/Other)

Senior Resident - \$60.00 \$_____

Regular Resident - \$25.00 \$_____

Handicap Service - \$30.00 \$_____

Total: \$_____

Payment Type: Cash Check # _____ Other _____

Initials: _____