

KEBO VALLEY MEMBERSHIP FALL SPECIAL



\$600 – PLAY FROM LABOR DAY THRU
END OF SEASON

- OPPORTUNITY TO GUARANTEE A SPOT AS A 2025 KEBO MEMBER
- THIS SPECIAL REQUIRES SIGN UP FOR 2025 ACH (MONTHLY DRAFTS). PAYMENTS START IN JANUARY.



2025 Kebo Valley Golf Club Membership Application

Last _____ First Name/s _____ / _____

Mailing Address _____

Phone: Home/Cell _____ E-Mail _____

Date of Birth ____/____/____ Membership Category _____ Date Joining _____

I/We _____, _____ are applying to the membership at Kebo Valley Golf Club.

✓ I/we have included an ACH Application and authorized monthly payments. **(Required for Fall Special)**

Membership ages are based on age as of January 1, 2025

2025 Membership Rates TBD

Single Membership

31 & Under

32-64

65 & Older

Couple Membership

31 & Under

32 - 64

65 & Older

Membership Benefits

- Unlimited greens fees
- 30% discounted guest fees
- GHIN handicap
- Unlimited range balls
- Discounted cart card
- 20% off Pro Shop soft goods
- Member leagues & tournaments
- Club storage & locker rentals available
- Reserve tee times 2 weeks in advance

I/we understand that, that my/our membership(s) are subject to the approval of the Board of Directors of Kebo Valley Golf Club. You are welcome to start play once an application is accepted by the Club Manager or Golf Professional. At Kebo Valley Golf Club, all our memberships are seasonal memberships, not yearly from the date of joining. I understand an annual membership allows the member to utilize the facilities from the time of official opening to the date of closing as established by management. I know that it is my responsibility to inform Kebo of any bank or credit card information, mailing address, phone number, or e-mail changes.

Please accept my membership/s application/s to Kebo Valley Golf Club. By signing this application, I agree to remain in good standing with the club.

Signature _____ Date _____

KEBO VALLEY CLUB



FOUNDED 1888

Membership Dues ACH Authorization Form Kebo Valley Golf Club

I (we) hereby authorize Kebo Valley Golf Club to initiate entries to my (our) checking/savings accounts at the financial institution listed below. If necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until written notification is presented to Kebo Valley Golf Club to cancel it. If a checking or savings account is to be closed, any unpaid balance will be paid in full and deducted from the account before closing, or new account information will be given to Kebo Valley Golf Club by the 10th of the month. This will afford Kebo Valley Golf Club and the financial institution listed below a reasonable opportunity to act on it.

By signing this document, you also understand and acknowledge the following:

- 12 Payments starting on or around January 15th and continuing on the 15th of each month thru December. ----- Initial
- I understand this is an ongoing program year to year unless I cancel the program in writing. ----- Initial
- The paying member will incur a \$25 fee for any item returned for insufficient funds. ----- Initial

Name of Member(s): _____ / _____ / _____

Address of Member(s): _____

Name of Financial Institution (Please Print) _____

Address of Institution (Please Print) _____

Bank Routing Number: _____

Checking Account Number: _____

or Saving Account Number _____

Signature: _____ **Date:** _____

**Please send ACH Authorization Form to
Kebo Valley Golf Club
Attn Memberships
PO Box 27, Bar Harbor ME. 04609**

If you would like to contribute to the Kebo Irrigation Fund, please contact
The Office at 207-288-3000 extension 4 or office@kebovalleyclub.com