



THE
Salt Pond
GOLF CLUB

2024 Membership Form

Name: _____

First

Last

Name: _____

First

Last

Address: _____

Salt Pond Homeowner: Yes / No

Salt Pond Address (if different from above): _____

Email: _____

Phone: _____

Check Type of Membership Below:

_____ Family Membership \$1,690 (two adults children under 19)

_____ Individual Membership \$975 (one adult 18 and over)

_____ Junior Membership \$495 (17 years and under)

Total Payment due: _____

Salt Pond Homeowner discount: \$75 for single memberships, \$125 for family memberships

Method of payment:

Check enclosed _____ Visa _____ Master Card _____ Discover _____

Credit Card Number: _____

Exp Date: _____ / _____ CVC Code: _____

Signature: _____

Please return form and payment to:

Salt Pond Golf Course, 402 Bethany Loop, Bethany Beach, DE 19930

OR email to spgolfmarketing@gmail.com