

Golf and Country Club Membership Form

Please complete this form in block letters. Once completed, print and submit it to the club administration office.

1. Personal Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Date of Birth:	<input type="text" value="MM/DD/YYYY"/>	Occupation:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Street Address:	<input type="text"/>		
City:	<input type="text"/>	State / Zip:	<input type="text"/>

2. Membership Details

Please write "Yes" next to your desired membership tier:

Individual Full Golf Membership:	<input type="text" value="Yes / No"/>
Family Golf Membership:	<input type="text" value="Yes / No"/>
Corporate Golf Membership:	<input type="text" value="Yes / No"/>
Social & House Membership:	<input type="text" value="Yes / No"/>

3. Golf Background

Current USGA Handicap Index:	<input type="text"/>
Previous Golf Club Affiliation:	<input type="text"/>

4. Family Members (For Family Membership Only)

Spouse/Partner Name:	<input type="text"/>
Child 1 Name & Age:	<input type="text"/>
Child 2 Name & Age:	<input type="text"/>

5. Emergency Contact Information

Contact Name:	<input type="text"/>	Relationship:	<input type="text"/>
Contact Phone:	<input type="text"/>		

6. Acknowledgement and Signature

By signing below, I agree to abide by the rules, regulations, and bylaws of the Golf and Country Club.

Applicant Printed Name:	<input type="text"/>
Applicant Signature (Sign upon printing):	<input type="text"/>
Date:	<input type="text" value="MM/DD/YYYY"/>