Nomination for Membership

MEMBERSHIP APPLIED FOR:

	Golf Refundable Sports Refundable Executive	□ Non-Refundable□ Non-Refundable□ Non-Refundable	Tennis ☐ Refundable House ☐ Refundable	
PERSONAL				š.
Applicant's	Name			
Social Security Number			Bii	rthdate
Drivers Licer	nse Number		Stat	re
Telephone N	lumber	Er	mail	
Local Resid	lence	Church		
	Number	Street		
City		State	Zip Code	
Spouse's Na	me			
Social Secur	ity Number		B	irthdate
Telephone N	lumber	Er	mail	
Driver's Lic	ense Number & State			
Other Resid	dence			
	Number	Street		
City		State	Zip Code	
Preferred E	Billing Address (please	circle) local other	er business	
Please List	Children: (Under 25 Y	ears of Age)		
	Name	E	Birthdate	Residence
1				
BUSINESS	Occupation		Titlo	
			Years I	n Present Employment
Employer's	Address	Street		
		,		
City		State	Zip Code	Telephone
			Years i	n Present Employment
Employer's	Address	Street		
City		State	Zip Code	Telephone
I agree to r	maintain a current cred			s. Should my account become
card Type	Acce	dit Number		Expiration Date
SOCIAL				
Club Memb			t or Former Membership)	
1.	Name of Club		Address	Current or Former Member
1.				
2				
DEDCONAL	DEFEDENCES			
PERSONAL	. REFERENCES			
Name		Email Address		

City		State	Zip Coc	de Telephone
2. Name		Email Address		
City		State	Zip Coc	de Telephone
3		Email Address	***	
City		State	Zip Coc	le Telephone
deems app	ropriate, including wit		credit history. I/we furth	ualifications for membership as it er authorize any person or entity
and payme	nt of the required due	es and charges.		nembership is subject to approva
I/we unders	tand that past due amo	unts over 30 days will b	e subject to finance charge	s of 1.5% per month or 18% per year.
	Applicant's Signature	Spous	e's Signature	Date