



COUNTRY CLUB

MEMBERSHIP APPLICATION

Full Name (Please Print): _____

Birth Date: ____/____/____ Marital Status: _____

Spouse's Name: _____ Birth Date: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Summer Address: _____ City: _____ State: _____ Zip: _____

Primary Ph: _____ Cell Ph: _____ Spouse Ph: _____

Email Address: _____ / Spouse Email: _____

Employer: _____ Title: _____ Bus. Ph: _____

Bus. Address: _____ City: _____ State: _____ Zip: _____

Please list dependent children (defined in the bylaws as taxable dependents)

Name: _____	Birth Date: ____/____/____	<small>Please Circle</small>	Male	Female
Name: _____	Birth Date: ____/____/____	Male	Female	
Name: _____	Birth Date: ____/____/____	Male	Female	

How did you hear about us? _____

Send billing and correspondence to: _____ Home Address or _____ Business Address

I hereby submit my application for membership in the following membership classification, I understand that all memberships are subject to board approval and members are expected to pay their monthly bills in a timely manner. If accepted, I will abide by all the policies and bylaws of Klinger Lake Country Club.

Please Circle Choice(s)

<i>Champion</i>	<i>Full Member (50+)</i>	<i>Regular (40-49)</i>	<i>Intermediate (30-39)</i>	<i>Junior (20-29)</i>
<i>Limited Golf</i>	<i>Social</i>	<i>Senior Privilege (75+ Individual)</i>	<i>Champion Add-On</i>	<i>Student</i>

Signature: _____ Date: ____/____/____

Amount paid w/app: _____ Ck #: _____ Date of join: _____

Date approved by BOD: _____ Dues (circle): Annual Monthly Membership Number: _____