



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)

Champion *Regular 50+ *Senior #2 *Senior #1 *Intermediate #2 *Intermediate #1
 *Junior #2 *Junior #1 Social Plus Social Student

***Please indicate (by circling) if you would like your membership to be Individual or Family**

Individual Family

Signature: _____ Date: ____/____/____

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

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