



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: _____

Home Ph: _____ Summer Ph: _____ Cell Ph: _____

Email Address: _____

Employer: _____ Title: _____ Bus. Ph: _____

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

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

Name: _____	Birth Date: _____ / _____ / _____	Please Circle 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* **Par 3* *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: _____