

MEMBERSHIP APPLICATION

Klinger Lake Country Club

21050 West US 12 • Sturgis, MI 49091 • (269) 651-7453 • Fax (269) 659-4804

First Name _____ Middle Initial _____ Last Name _____

Birth Date ____/____/____ Marital Status _____

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

Home Address _____ City _____ State _____ Zip _____

Summer Address _____ City _____ State _____ Zip _____

Home Phone # _____ Summer Phone # _____

Email Address _____

Employer _____ Title _____ Bus. Phone # _____

Business Address _____ City _____ State _____ Zip _____

Please list dependent children (defined in the Bylaws as taxable dependence)

Name _____ Birth Date ____/____/____ Male/Female _____

Name _____ Birth Date ____/____/____ Male/Female _____

Name _____ Birth Date ____/____/____ Male/Female _____

Name _____ Birth Date ____/____/____ Male/Female _____

Name _____ Birth Date ____/____/____ Male/Female _____

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

I hereby submit my application for membership in the following membership classification and if accepted, I will abide by all the policies and Bylaws of Klinger Lake Country Club

Fully Inclusive Full Family Golf Couples Golf-Individual Sr. Associate Jr. Associate Social Pool

Signature _____ Date ____/____/____

Amount with Application \$ _____ Check # _____ Date of Join _____

Dues Annual Monthly

Food Minimum Annual Monthly

Date Approved by the Board of Directors _____ Member # _____