

# Klinger Lake

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: _____ / _____ / _____	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      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: \_\_\_\_\_

**Klinger Lake Country Club**  
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