

# MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

## MEMBER

LAST NAME:	FIRST NAME:	MIDDLE:
BIRTHDAY:	SOCIAL SECURITY NO:	

## SPOUSE

LAST NAME:	FIRST NAME:	MIDDLE:
BIRTHDAY:	WEDDING ANNIVERSARY:	

## HOME ADDRESS

STREET:	CITY:	ZIP:
PHONE:	OWN:	RENT:
EMAIL ADDRESS:		

## LOCAL ADDRESS

STREET:	CITY:	ZIP:
PHONE:	OWN:	RENT:

## OCCUPATION

COMPANY:	POSITION
ADDRESS:	
PHONE:	

I AM APPLYING FOR THE FOLLOWING CLASS OF MEMBERSHIP:

ACTIVE:

HOUSE/GOLF:

SOCIAL:

## ASSOCIATE

NAME:	RELATIONSHIP:
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## JUNIOR

NAME:	BIRTHDAY:
NAME:	BIRTHDAY:
NAME:	BIRTHDAY:

## GOLF HANDICAP

HUSBAND:
HANDICAP ESTABLISHED AT WHAT COURSE:
WIFE:
HANDICAP ESTABLISHED AT WHAT COURSE:

**PERSONAL REFERENCES**

1. NAME:
1. ADDRESS:
2. NAME:
2. ADDRESS:

**BUSINESS REFERENCES**

1. NAME:
1. ADDRESS:
2. NAME:
2. ADDRESS:

**BANK REFERENCES**

1. NAME:
1. ADDRESS:
2. NAME:
2. ADDRESS:

**OTHER CLUB AFFILIATION**

1. NAME:
1. ADDRESS:
2. NAME:
2. ADDRESS:

**SEND MAIL TO:**

HOME:

LOCAL:

BUSINESS:

**CERTIFICATE HOLDER SIGNATURE REQUIRED**

**SPONSOR**

**SECOND SPONSOR**

MEMBERSHIP COMMITTEE ACTION:	DATE:
MEMBERSHIP COMMITTEE ACTION:	DATE:
BOARD OF GOVERNORS ACTION:	DATE:
BOARD OF GOVERNORS ACTION:	DATE:

AMOUNT OF CHECK RECEIVED: \$  DATE:

I AGREE AS A MEMBER TO ABIDE BY ALL BY-LAWS, RULES AND REGULATIONS OF LAKE MOHAWK GOLF CLUB. I CERTIFY THAT THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE. ANY MISREPRESENTATION MADE BY ME SHALL CONSTITUTE SUFFICIENT GROUNDS FOR CANCELLATION OF MY MEMBERSHIP. PERMISSION IS HEREBY GRANTED TO CHECK REFERENCES WITH ANY NATIONAL CREDIT AGENCY OR WITH THE ABOVE MENTIONED BANKS.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_