



## APPLICATION FOR MEMBERSHIP

### APPLICANT INFORMATION

Name:

Date of birth:

Home Phone:

Cell Phone:

Current address:

City:

State:

ZIP Code:

Own   Rent   *(Please circle)*

Personal Email:

### EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

### SPOUSE/SIGNIFICANT OTHER INFORMATION

Name:

Address:

Personal Email:

Date of birth:

Home Phone:

Cell Phone:

### SPOUSE/SIGNIFICANT OTHER EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

### CHILDREN INFORMATION

Name:

Date of birth:

Name:

Date of birth:

Name:

Date of birth:

Name:

Date of birth:



**APPLICATION FOR MEMBERSHIP**

**REFERRALS**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**GENERAL MEMBERSHIP**

Personal Membership: YES / NO  
Corporate Membership: YES / NO

**MARKETING INFORMATION**

*Emails sent to:* Member: \_\_\_\_\_ Preferred Phone: Member Cell: \_\_\_\_\_  
Business: \_\_\_\_\_ Member House: \_\_\_\_\_  
Spouse/SO: \_\_\_\_\_ Spouse/SO: \_\_\_\_\_  
All the above: \_\_\_\_\_

**CREDIT CARD ON FILE**

*Mattoon Golf & Country Club requires new members to have a credit card on file with the Office Manager.*

Cardholder Name: \_\_\_\_\_ Type of Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

**SIGNATURES**

I acknowledge that my application is subject to approval by the Board of Directors. It is agreed that this membership and all persons using the Club under this membership are bound by and shall comply with all By-Laws, Rules and Regulations of the Club as currently written or hereafter amended. I agree to pay all charges by the due date. Delinquent balances shall be subject to late fees and interest. If I fail to keep my account current, the Club may at any time declare the entire unpaid balance immediately due and payable. I authorize the Club to charge my credit card account for all amounts due and payable from time to time, and I shall provide updated credit card information upon request. I agree to pay all costs of collection, including contingency collection agency fees and in the event of suit, all attorney's fees up to 50 percent of the amount owed plus costs of suit. I authorize the verification of the information provided on this form as to my credit and employment. I understand the minimum length of membership is one year, and no resignation thereafter shall be effective until received in writing by the Club. I have received a copy of this application.

Membership Class: \_\_\_\_\_  
Membership Effective Date: \_\_\_\_\_  
Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_