

Seminole Lake Country Club

MEMBERSHIP APPLICATION

I hereby make application for membership at Seminole Lake Country Club.

PERSONAL INFORMATION

Name _____ Spouse _____

Local Address _____

City _____ State _____ Zip _____

Local Phone (_____) _____ Local Cell Phone (_____) _____

Out of Town Address _____

City _____ State _____ Zip _____

Out of Town Phone (_____) _____ Business Phone (_____) _____

DL# _____ State _____

Email Address _____ Date of Birth _____

DEPENDANTS NAMES (List only if under 21 or still in college)

_____	DOB _____	Charge Privileges _____
		(Yes/No)
_____	DOB _____	Charge Privileges _____
		(Yes/No)
_____	DOB _____	Charge Privileges _____
		(Yes/No)

CREDIT INFORMATION

Bank _____ Contact _____

Address _____

TYPE OF MEMBERSHIP (Circle One)

Annual Full

Single
Family

Annual Full Intermediate 30-40

Single
Family

Annual Full Intermediate 21-29

Single
Family

Annual Golf

Single
Family

Annual Golf Intermediate 30-40

Single
Family

Annual Golf Intermediate 21-29

Single
Family

Annual Corporate

Single
Family

Seasonal

Single
Family

Summer

Single
Family

Social

By my signature below, I hereby authorize Seminole Lake Country Club to investigate any references, statements or other data furnished by me or from any other person pertaining to my character, general reputation, credit and financial responsibility.

Signature of Applicant _____ Date _____