



NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ CITY _____ ST _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

NAME OF SPOUSE _____ DATE OF BIRTH _____

UNMARRIED CHILDREN UNDER 21 YEARS OF AGE

1 _____ DATE OF BIRTH _____

2 _____ DATE OF BIRTH _____

3 _____ DATE OF BIRTH _____

APPLICANTS EMPLOYER _____ TELEPHONE _____

OCCUPATION _____ TITLE _____

BUSINESS ADDRESS _____ CITY _____ ST _____ ZIP _____

SPOUSE'S EMPLOYER _____ TELEPHONE _____

OCCUPATION _____ TITLE _____

BUSINESS ADDRESS _____ CITY _____ ST _____ ZIP _____

MEMBERSHIP CATEGORY: FULL _____ ABSENTEE _____ HOUSE _____ SWIM/TENNIS _____

Please indicate where you wish to have you monthly bill mailed.

HOME ADDRESS _____ MAILING ADDRESS _____ BUSINESS ADDRESS _____

Upon acceptance of my membership application, I agree to pay all initiation fees, dues, and I further agree to abide by the rules and regulations of The Emerald Golf Club as the same may be established from time to time. All initiation fees are non-refundable.

I have received and read the Membership Rules and Regulations for The Emerald Golf Club and accept the conditions and rules set forth therein.

DATE _____

SIGNATURE _____