

# *Twin Lakes Golf & Country Club*

## **APPLICATION FOR MEMBERSHIP** **MEMBERSHIP CATEGORY SELECTION**

Proprietary       Individual Proprietary     Playing Membership  
 Social Membership       Business Entity Membership

### **PERSONAL INFORMATION**

Applicant's Full Name \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(If different than physical address)

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ How Long \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(If less than two years with current employer)

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### **FAMILY MEMBERS**

Spouse's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_ How long \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PAST AND PRESENT CLUB AFFILIATIONS**

Name of Club \_\_\_\_\_ Member From \_\_\_\_\_ To \_\_\_\_\_

Name of Club \_\_\_\_\_ Member From \_\_\_\_\_ To \_\_\_\_\_

**OFFER TO PURCHASE**

I AUTHORIZE Twin Lakes Golf & Country Club to obtain a credit report for the purpose of evaluating my application. I hereby request the Membership Committee to act upon this application and forward to the Board of Trustees for final action, and I agree to abide by their decision.

**CONDITIONS OF SALE**

If my application is accepted by the Membership Committee and approved by the Board of Trustees, I hereby agree to the monthly assessment of dues and other charges as may be established by the Board of Trustees. I agree to pay, as billed or on demand, these monthly charges as well as any credit extended to me, my spouse, my children, or my guests, or any other indebtedness I may owe to the Club. I understand that accounts that are fifteen (15) days delinquent will incur a finance charge on the unpaid balance of 1.5% per month, equal to an 18% annual charge, or a \$1.00 minimum past due charge, whichever is greater.

I further agree, in case suit is initiated to collect any of the aforesaid dues, fees, charges or other indebtedness to the Club, as prescribed by the By-Laws, Rules or Regulations of the Club, to pay all court costs, all costs of collection, plus reasonable attorney's fees incurred by Twin Lakes Golf & Country Club in said actions.

I understand that written request for resignation from this membership is required, and that until such time as I have consummated the sale of this membership, and the buyer has been approved by the Board of Trustees, I shall be liable for payment of all monthly dues and other charges to my account.

I have read and agree to abide by the foregoing conditions of membership, and if accepted, I agree to abide by and observe the Bylaws, Rules, and Regulations of the Twin Lakes Golf & Country Club as now adopted or hereafter amended. I understand that this agreement shall be effective from the date that this application is accepted and approved by the Board of Trustees.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Office Use Only Below this Line

**APPROVALS**

Membership Committee \_\_\_\_\_ Date \_\_\_\_\_

Board of Trustees \_\_\_\_\_ Date \_\_\_\_\_

Membership # \_\_\_\_\_