

Application for Membership



Warwick Hills Golf & Country Club

Reference Information I am acquainted with the following Members:

Sponsor _____ for _____ years

Sponsor _____ for _____ years

Authorization

By signing this application for membership at Warwick Hills Golf & Country Club, I hereby authorize Warwick Hills Golf & Country Club, through its representatives, to make inquiry of my financial condition, our family and professional background specifically authorize them to make inquiry of consumer credit reporting organizations. **Social Security Number** _____

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the By Laws and Rules and Regulations of Warwick Hills Golf & Country Club in the present form or as may be amended.

I also agree to maintain a current credit card account on file with the Club at all times. Should my account become delinquent, I agree the Club shall have the right to bill such past-due amount to my credit card. **Card Type** _____ **Account Number** _____ **Exp.** _____

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing Warwick Hills Golf & Country Club.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____

Type of Membership Desired

___ Golf _____ (type) ___ Recreational ___ Social

Personal Information

Name _____

Current Address _____
Street City State Zip Code

Home Telephone _____ Cell Phone _____

Date of Birth _____ E-mail Address _____

Spouse's Name _____ Maiden Name _____

Date of Birth _____ Wedding Anniversary _____

Single Married Divorced Widowed Spouse E-mail Address _____

Dependent children under the age of twenty-five: Date of Birth Male Female

Dependent children under the age of twenty-five:	Date of Birth	Male	Female
_____	_____	___	___
_____	_____	___	___
_____	_____	___	___
_____	_____	___	___

Business Information

Applicant's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____

Business Telephone Number _____ Business Fax Number _____

Years in Present Employment _____ E-Mail Address _____

Spouse's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____

Business Telephone Number _____ Business Fax Number _____

Years in Present Employment _____ E-Mail Address _____

Address Preference

Please send all Club correspondence to my: ___ Current Address ___ Business Address

Statement Preference

___ Emailed Statement ___ Mailed Statement