

CHATMOSS



MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP _____

PROSPECT _____ DATE OF BIRTH _____ SS# _____

EMPLOYER _____
Name & Address *Business Phone* *Position & Years*

SPOUSE _____ DATE OF BIRTH _____ SS# _____
First, Last & Maiden Name (if different)

EMPLOYER _____
Name & Address *Business Phone* *Position & Years*

RESIDENCE ADDRESS _____ RESIDENCE PHONE _____

EMAIL ADDRESS (His) _____ CELL PHONE (His) _____

EMAIL ADDRESS (Hers) _____ CELL PHONE (Hers) _____

Where would you like your statement mailed? HOME BUSINESS

Where would you like other Club Notifications mailed? HOME BUSINESS

CHILDREN (If child's last name is different, please indicate)

Name _____ Sex _____ Date of Birth _____

Name _____ Sex _____ Date of Birth _____

Name _____ Sex _____ Date of Birth _____

Name _____ Sex _____ Date of Birth _____

REFERENCES (Please give name, address & business position of each reference)

1) _____

2) _____

3) _____

Were you formerly a member of any other County or City Clubs? If so, please name: _____

NAME OF CIVIC CLUBS, SOCIETIES & ASSOCIATIONS IN WHICH YOU HOLD MEMBERSHIP

1) _____

2) _____

3) _____

MEMBERSHIP APPLICATION *(continued)*

I make proposal for membership to Chatmoss Country Club, and if the proposal is accepted, I agree to be subject to and abide by the by-laws, rules, and regulations in force and effect from time to time.

I understand that upon joining Chatmoss Country Club, I must remain a member for a minimum of one full year and be responsible for all fees, dues, and assessments (if any) paid in full upon my resignation within 10 days.

PROSPECT'S SIGNATURE

Each prospective member must be accompanied by two (2) letters of recommendation and this application endorsed by three (3) members in good standing of Chatmoss Country Club. (These can be the same member.)

Endorser's Signature

Endorser's Signature

Endorser's Signature

SPONSORING CHATMOSS COUNTRY CLUB MEMBER _____

REFERRING CHATMOSS COUNTRY CLUB MEMBER *(if any)* _____

FOR OFFICIAL USE ONLY

LETTER OF REFERENCES RECEIVED _____

APPROVED BY THE BOARD OF GOVERNORS _____

MEMBERSHIP EFFECTIVE _____ **MEMBERSHIP NUMBER** _____

PAYMENT _____