



## MEMBERSHIP APPLICATION

### MEMBERSHIP CATEGORY

Please indicate below the category of membership desired by checking the appropriate box:

- |                         |                          |                 |                          |
|-------------------------|--------------------------|-----------------|--------------------------|
| REGULAR INDIVIDUAL      | <input type="checkbox"/> | FAMILY UNDER 35 | <input type="checkbox"/> |
| REGULAR FAMILY          | <input type="checkbox"/> | SOCIAL          | <input type="checkbox"/> |
| SENIOR INDIVIDUAL (70+) | <input type="checkbox"/> | JUNIOR          | <input type="checkbox"/> |
| SENIOR FAMILY           | <input type="checkbox"/> | DINING          | <input type="checkbox"/> |
| INDIVIDUAL UNDER 35     | <input type="checkbox"/> | CORPORATE       | <input type="checkbox"/> |
| COLLEGE                 | <input type="checkbox"/> |                 |                          |

### PERSONAL INFORMATION

NAME \_\_\_\_\_ DOB \_\_\_\_\_

SPOUSE OR SIGNIFICANT OTHER NAME \_\_\_\_\_ DOB \_\_\_\_\_

CHILDREN'S NAME(S):

_____	DOB _____
_____	DOB _____
_____	DOB _____
_____	DOB _____

### RESIDENCE

ADDRESS \_\_\_\_\_  
Number Street City State Zip Code

HOME PHONE ( ) \_\_\_\_\_ MOBILE PHONE ( ) \_\_\_\_\_

SPOUSE OR SIGNIFICANT OTHER PHONE ( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SPOUSE OR SIGNIFICANT OTHER E-MAIL ADDRESS \_\_\_\_\_

WHICH EMAIL ADDRESS WOULD YOU PREFER TO RECEIVE CLUB COMMUNICATIONS AND BILLING INFORMATION?

\_\_\_\_\_

**BUSINESS**

COMPANY NAME \_\_\_\_\_

JOB DESCRIPTION/TITLE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

Street Town State Zip Code

YEARS IN PRESENT EMPLOYMENT \_\_\_\_\_

RETIRED?

**EMERGENCY CONTACT**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ MOBILE \_\_\_\_\_

**PERSONAL REFERENCES (Please list local references if possible)**

1. Name \_\_\_\_\_ Years Known \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Number Street City State Zip Code

2. Name \_\_\_\_\_ Years Known \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Number Street City State Zip Code

3. Name \_\_\_\_\_ Years Known \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Number Street City State Zip Code

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**CONSENT TO CREDIT AND BACKGROUND CHECK**

By signing in the space provided below, I consent to the performance of a credit and background check.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
SPOUSE OR SIGNIFICANT OTHER

\_\_\_\_\_  
DATE

*I hereby apply for the category of Membership at Metacomet Golf Club (the "Club") herein selected. I understand that Membership is contingent upon acceptance of this Application. I understand that all information contained in this application is material information. Any misstatement, false, misleading or otherwise inaccurate information provided to the Club by me shall be a basis for either my non-acceptance as a member, or my removal as a member if such misstatement, false, misleading or otherwise inaccurate information is revealed subsequent to my admission to membership. If accepted, I agree to be bound by the terms and conditions of the Articles of Incorporation, the Bylaws, the Rules and Regulations of the Club, and this Application for Membership (collectively, the "Membership Documents"), as they may be amended from time to time in accordance with their respective terms. I have received and reviewed copies of the Memberships Documents.*

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
SPOUSE OR SIGNIFICANT OTHER

\_\_\_\_\_  
DATE