

GOLF APPLICATION

APPLICATION FOR MEMBERSHIP

Complete and return to Stone Creek with Initiation Fee.

I hereby apply for membership in Stone Creek Golf Club, and if elected, agree to abide by the by-law and regulations of the Club.

CLASSIFICATION OF MEMBERSHIP (Please check one)

Stone Creek Property Owner	Stone Creek Non Property Owner	Corporate	Senior
Family_____	Family_____	Family_____	Family_____
Single_____	Single_____	Single_____	Single_____

Name_____

Spouse's Name_____

Residential Address:

Mailing Address (if different)

Street_____

City_____ State_____ Zip_____

Home Phone(_____)_____

Business Phone (_____)_____

E:Mail Address:_____ Social Security No.:_____

Applicant's birth date:_____ Spouse's birth date:_____

Name of employer_____

Address_____

List the names of unmarried children under 23 years of age who are not gainfully employed and are living at home or who are full time students.

	NAME	BIRTH DATE	AGE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

FINANCIAL INFORMATION (List one credit and one banking reference.)

If any of the above information changes, the member shall contact the business office within ten (10) days of the change.

Signed_____ Date_____

(PLEASE READ & SIGN OTHER SIDE OF THIS DOCUMENT)