

Application Date _____

Member Number (for office) _____

Date of Board Approval _____



Elmwood Country Club Membership Application

Type of Membership Requested (Please check one)

Membership Year is July 1st through June 30th

- | | |
|---|---|
| <input type="checkbox"/> Full (full privileges married &/or dependent children) | <input type="checkbox"/> Junior (full privileges - under 30) |
| <input type="checkbox"/> Single Full (full privileges for a single person) | <input type="checkbox"/> Social (all privileges except golf) |
| <input type="checkbox"/> Senior Full (full privileges - age 80) | <input type="checkbox"/> Dining (dining only) |
| <input type="checkbox"/> Young Professional (full privileges - age 35-39) | <input type="checkbox"/> Non-Resident (full privileges) |
| <input type="checkbox"/> Intermediate (full privileges - age 30-34) | <input type="checkbox"/> Tennis & Dining (October 1-April 30) |

Payment Options: Please select one for Membership and Capital Dues

Membership Dues	<input type="checkbox"/> Annual Billed July 1	Capital Dues	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Monthly		<input type="checkbox"/> Biannual Discounted rate, billed July 1, and Nov. 1
			<input type="checkbox"/> Annually Discounted rate, billed July 1

Payment Method: Please select one

NOTE: All payment information is set-up in the online portal by member.

<input type="checkbox"/> Auto Pay online portal CC or Bank Acct. (MEMBER initiated, every month)	<input type="checkbox"/> Auto Pay via CC card or Bank Acct. (Office initiated, 5 th of every month)	<input type="checkbox"/> Check
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Name of Applicant: _____

Date of Birth: _____

(Required)

Name of Spouse: _____

Date of Birth: _____

(Required)

Names, ages, and Date of Birth of dependents 26 and under: _____

Home Address: _____

Cell #: _____ Email: _____

Employer: _____ Work Phone: _____

Address: _____

Spouse's Employer: _____ Work Phone: _____

Cell #: _____ Email: _____

Refer a Friend Name: _____

Required: Copy of ID and Credit Card on File (credit card on file will be charged if account becomes 45 days delinquent)

OPT OUT: DO NOT include me in the membership directory _____ (Initials).

If this box is not checked, you will be included in the directory unless you notify the office in writing.

Memorandum of Agreement

The signature below constitutes execution of a Memorandum of Agreement with Elmwood Country Club (hereinafter the "Corporation") in which the person signing agrees that, as a part of the consideration for membership in said Corporation, said membership is issued subject to the provisions of this agreement, as well as all of the terms, conditions and stipulations contained in the By-Laws of the Corporation, enacted or to be enacted.

I understand that my (our) membership will continue unless cancelled by a written letter of resignation from me(us) to the Elmwood Office, or if terminated by the Elmwood Board of Directors, pursuant to the terms and conditions set forth in the by-laws of Elmwood Country Club.

Applicant's Signature _____ Date _____