



APPLICATION FOR MEMBERSHIP

Board of Directors:

The undersigned hereby makes application for a _____ MEMBERSHIP in EMPORIA COUNTRY CLUB. If elected, agrees the payment of all dues and fees per their classification **for a minimum period of 12 or 24 months (please circle your choice)** which will commence on the effective date that their membership is approved by the Board of Directors. After the selected period the membership shall be on a month to month basis and may be terminated with a 30 day notice in writing.

Applicant Signature: _____

Date of Application: _____ Date Received: _____

Applicant Full Name: _____

Date of Birth: (mo/day/year) _____

EMPLOYMENT INFORMATION

Employed by: _____ Since: _____

Title or Position: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

Business Fax: _____ Email Address: _____

RESIDENCE INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Fax: _____

Spouse Name: _____

Spouse Date of Birth: (mo/day/yr) _____ Anniversary Date: (mo/day/yr) _____

Spouse's Business Name: _____ Title or Position: _____

Spouse's Business Address: _____

City: _____ State: _____ Zip: _____

Spouse's Business Phone: _____ Cell Phone: _____

Spouse's Business Fax: _____ Email Address: _____

Winter Address (If Applicable): _____

City: _____ State: _____ Zip: _____

Winter Phone: _____

Emporia Country Club

APPLICATION FOR MEMBERSHIP continued

CHILDREN (STILL IN SCHOOL AND LIVING AT HOME)

Name: _____ Date of Birth: (mo/day/yr) _____

Name: _____ Date of Birth: (mo/day/yr) _____

Name: _____ Date of Birth: (mo/day/yr) _____

Name: _____ Date of Birth: (mo/day/yr) _____

Mail Club Statements to _____ Mailing Address _____ Member Business Address _____ Member Email Address

How do you prefer for the Club to communicate with you in regards to upcoming events (check all that apply):

_____ Email _____ Newsletter _____ Text Message _____ Instagram _____ Twitter _____ Facebook

TO BE COMPLETED BY THE SPONSOR

I have known the applicant for _____ years.

My relations with the applicant have been:

_____ Professional _____ Business _____ Social

Signature: _____ Date: _____

Print Name: _____

FOR OFFICE USE ONLY

Application Received: _____

Check for \$: _____ Date Received: _____

Membership Approved: _____ Yes _____ No Date Approved by Board of Directors: _____

Membership Effective Date: _____

Stock Certificate Number: _____

Issued On: _____