



# MEMBERSHIP APPLICATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Applicant Name

Date of Birth (mm/dd/yyyy)

Social Security Number

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Spouse/Companion Name

Date of Birth (mm/dd/yyyy)

Social Security Number

Primary Address

City

State

Zip

Secondary Address

City

State

Zip

Phone Local

Cell/Other

Email Address(es)

## PERSONAL OR BUSINESS REFERENCES:

Name & Address

Phone

Name & Address

Phone

Name & Address

Phone

## CLUB AFFILIATIONS (PAST OR PRESENT):

Club Name and Address

Years you were a Member

Club Name and Address

Years you were a Member

## EMPLOYMENT INFORMATION:

Company Name

Occupation

Address

Phone

## EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
Name to contact in case of emergency

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name to contact in case of emergency

\_\_\_\_\_  
Phone

## FAMILY INFORMATION – UNMARRIED CHILDREN UNDER 21 LIVING AT HOME

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

## CREDIT CARD INFORMATION:

\_\_\_\_\_  
Visa or MasterCard Number

\_\_\_\_\_  
Expiration Date (mm/yy)

\_\_\_\_\_  
Security Code

All Club charges will be payable upon receipt of the statement by check. If a credit card number is provided above, your card will be charged the statement balance on the 20th of each month.

*I have received, reviewed, and understand the schedule of dues and fees for the category of membership chosen.* I/We hereby apply for membership. I/We have reviewed and agree to abide by the By-Laws, Rules and Regulations, and Terms/Conditions of Membership of the Club. Membership dues are non-transferable and non-refundable.

Please Initial\_\_\_\_\_

\_\_\_\_\_  
Category of Membership

\_\_\_\_\_  
Single or Family Membership

\_\_\_\_\_  
Date Membership Begins (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Dated (mm/dd/yyyy)

\_\_\_\_\_  
Dated (mm/dd/yyyy)

### For office use only

Reviewed by \_\_\_\_\_

Salesperson

\_\_\_\_\_  
Applicant Approved (Date)

\_\_\_\_\_  
Membership Number Assigned

Thank you for joining The Club at Eaglebrooke. We require that you maintain your membership in good standing for a minimum of 12 months from the time that you join. Our regular policy of a 30 day notice is required for resignation. We hope to have you as a member for many years to come.

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Member Name

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Member Signature

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Date

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Witnessed by Club Representative