



MEMBERSHIP APPLICATION

Applicant Name: _____

Date of Birth: _____ Marital Status: ___ Single ___ Married ___ Other

Spouse Name: _____

Date of Birth: _____

Local Address: _____

Secondary Address: _____

Applicant:

Home Phone | Cell: _____

Email: _____

Spouse:

Home Phone | Cell: _____

Email: _____

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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): _____

Employment Information:

Company Name: _____ Occupation: _____

Personal or Business Reference:

Company Name: _____ Occupation: _____

Company Name: _____ Occupation: _____

Club Affiliation:

Club Name: _____ Years You Were a Member: _____

Club Address: _____

Club Name: _____ Years You Were a Member: _____

Club Address: _____

Category of Membership

Individual or Couple Membership

Date Membership Begins (mm/dd/yyyy)

Date Membership End (mm/dd/yyyy)

Signature of Applicant

Signature of Spouse

Dated (mm/dd/yyyy)

Dated (mm/dd/yyyy)

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 _____

Membership is contingent on final approval by the Eastpointe Country Club Board of Governors. You will be notified within ten days of the date of the date above if the membership application is denied for any reason.

For office use only

Reviewed by

Director of Sales

Applicant Approved (Date)

General Manager

Membership Number Assigned