

APPLICATION FOR MEMBERSHIP

Board of Directors:

The undersigned hereby makes application for a MEMBERSHIP at the BURLINGTON GOLF CLUB and if elected agrees to abide by its rules and regulations. Further the undersigned agrees to allow the Burlington Golf Club to utilize pictures taken during member events.

Applicant Signature: _____
Date of Application: _____ Effective Date: _____
Applicant Full Name: _____
Date of Birth: _____ Cell Phone: _____
Email Address: _____
Membership Class: _____
Member Who Referred You: _____

CORPORATE INFORMATION

Employed by: _____ Since: _____
Title or Position: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Email Address: _____

RESIDENCE INFORMATION

Address: _____
City: _____ State: _____ Zip: _____

SPOUSE INFORMATION

Spouse Name: _____
Spouse Date of Birth: _____ Anniversary Date: _____
Spouse's Business Name: _____ Title or Position: _____
Spouse's Business Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Email Address: _____

NAMES OF CHILDREN UNDER AGE 26 AND LIVING AT HOME

NAME: _____ DATE OF BIRTH: _____
NAME: _____ DATE OF BIRTH: _____
NAME: _____ DATE OF BIRTH: _____
NAME: _____ DATE OF BIRTH: _____

TO BE COMPLETED BY A CORPORATE REPRESENTATIVE

As an authorized representative of the Corporation listed in this application, I certify that the applicant listed is engaged in recruitment efforts to benefit the Corporation listed:

Representative Name: _____
Signature: _____ Date: _____

FOR OFFICE USE ONLY

Application Received: _____ Membership Approved: Yes _____ No _____
Date Approved by Board of Directors: _____ Membership Effective Date: _____

Required at time of Application:

Please Choose One:

AUTOMATIC WITHDRAWAL PERMISSON SLIP

I, _____, give Burlington Golf Club permission to pay my Club Account by automatically withdrawing the account balance from my checking account:

Automatic Withdraw from Checking Account:

Name of Bank _____

Routing Number _____

Account Number _____

Signature _____

Debit will occur as statements are prepared during the first week of each month.

Automatic Credit Card Payment Permission Slip:

Type of Card, Circle One: Mastercard Visa Discover American Express

Name as it Appears on Card: _____

Account Number _____

Expiration Date _____ Three Digit CVC Code # _____

Billing Zip Code _____

Signature _____