

APPLICATION FOR MEMBERSHIP

Belmont Country Club

Member # _____ Date _____

Type of membership desired _____

Name in full _____ Email Address _____

Residence address _____

Previous Address _____ Hm. Ph. _____

Marital Status _____ Date of Birth _____ Cell Ph. _____ Cell Provider _____

Preferred Method of Communication: Phone Text Email

Spouse's full Name _____ Date of Birth _____

Is Spouse a Golfer? _____ Spouse's email address _____ Spouse's Ph. _____

How long a resident of the Fresno area? _____

Name of Business _____

Business address _____ Phone _____

Title _____ Length of Service _____

Spouse's occupation _____

Children (under age 25 and living at home):
Name Male/Female Date of Birth

M/F _____

M/F _____

Personal references:
Name Address Phone

Previous Country Club Memberships:

Name _____ Date of Membership _____

Name _____ Date of Membership _____

Membership in other social, fraternal, or business organizations _____

Please See Reverse

Proposed by _____

Member # _____

Signature

Print Name

Seconded by _____

Member # _____

Signature

Print Name

Proposing and seconding members must be Regular Equity Club Members in good standing. A check for \$ _____ must accompany this application to cover the initiation fee of \$ _____, and first month's Dues, Improvement Loan, Range Plan, and Men's Hole in One. \$ _____.

I hereby apply for affiliation with the Belmont Country Club as a _____ Member. I fully understand that only Regular Members hold all accredited Club privileges. I agree to be bound by all of the Club's present and future By-Laws and by its Policies, and by the action of its Board of Directors taken under such By-Laws and Policies.

To the best of my knowledge, the above information is correct and accurate, and if any of the above statements prove to be false, the Board of Directors has the right to demand an immediate resignation. By signing this application, I authorize the disclosure and release of information, including a credit report, to Belmont Country Club for investigating my qualifications for membership.

Signature of Applicant

Date

Circle Below:

Approve / Disapprove, by Board of Directors Belmont Country Club Date _____

Comments:

Name: _____ Member # _____

Driver's License No. _____ Soc. Sec.No. _____

Spouse's Driver's License No. _____ Spouse's Soc. Sec. No. _____

Bank _____ Checking _____ Savings _____ date opened _____

Credit references (2) _____