



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/yyy) _____

Dated (mm/dd/yyy) _____

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.

Member Name

Member Signature

Date

Witnessed by Club Representative

During the duration of the clubs 2025 Greens Renovation which necessitates the closure of the golf course, members hereby acknowledge and agree to uphold their monthly membership dues as stipulated in their membership agreement. This financial obligation remains in effect regardless of the duration of the closure or any resulting inconvenience. By signing below, members demonstrate their understanding and acceptance of this.

Member Signature

Date