



# 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

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.

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Member Signature

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Date