



Application for Membership

Date _____

Please fill in all spaces in this section:

Have you previously been a member of the Cadillac Country Club? yes no

Name _____ SS# _____ DOB _____

Spouses Name _____ SS# _____ DOB _____

Home Address _____

City _____ State _____ Zip _____

Home Phone# _____ Fax# _____

Email Address: _____

Business Name _____ Occupation _____

Business Address _____

Business Phone# _____

Fax # _____

Names and Birth Dates of Children:

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Send Bill to:

Home Business

Personal Reference:

Name _____ Phone # _____

Address _____

Credit References:

Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____

Type of Membership

- Regular Family Regular Single/One Golfer Intermediate Family (31-34)
 Intermediate Single (31-34) Junior Family (19-30) Junior Single (19-30)
 Non- Resident Single/One Golfer Non-Resident Family Student

Credit Card Information:

*(Complete the following **IF** you wish to have your monthly statement charged to your credit card)*

Card # _____ Security code _____ Expiration Date _____

By signing this section, I authorize the offices of the Cadillac Country Club to charge my statement balance to the aforementioned credit card on or around the 25th of each month following my statement date.

Signature _____

I do not wish to pay by credit card. I understand the balance is due in full by the 25th of the month following my statement date. My privileges may be suspended if not paid accordingly.

* * * * *

I hereby apply for membership at the Cadillac Country Club and agree, if elected to membership, to conform to and be bound by the rules and By-Laws of the Club, applicable to the Membership category chosen.

Amount enclosed: \$ _____

Applicant's Signature _____

(Required for acceptance)

Sponsored/Referred by _____

Accepted this _____ day of _____ 20 ____

For Office Use Only:

