



**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:

Send Bill to:

Name\_\_\_\_\_DOB\_\_\_\_\_

Home     Business

Name\_\_\_\_\_DOB\_\_\_\_\_

Name\_\_\_\_\_DOB\_\_\_\_\_

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

**Monthly Statements**

*I understand the balance is due in full by the 25<sup>th</sup> of the month following my statement date. My privileges may be suspended if not paid accordingly.*

You

\* \* \* \* \*

*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:

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