

Clarkston Golf & Country Club

1676 Elm St. • Clarkston, Washington 99403 • (509) 758-2546

Application Is Hereby Made for:

Certificate Golf... _____ **Out of Town Golf....** _____

Promotional Golf.... _____ **Social...** _____

Young Adult Golf.. _____

Adolescent Golf.... _____ **Corporate (use corporate form)**

Membership in the Clarkston Golf & Country Club, subject to the Bylaws and Rules of said club, in support of which I offer the enclosed information for your consideration.

Name of Applicant

E Mail Address (optional)

Birth Date _____ **Social Security No (optional)** _____

MEMBERSHIP FEE MUST ACCOMPANY APPLICATION

Any monies paid into the Club may be refunded to you on demand, prior to your acceptance to the membership (less such sum as set by the Board of Directors from time to time).

The initiation fee of \$ _____ cash/check was received by _____

on _____ (mo/day/year)

I understand that this application shall not be binding upon the Clarkston Golf & Country Club until written notice of acceptance has been received.

Signature of applicant

_____ **Date** _____

You will be notified in writing by the Club secretary, when your application has been accepted for membership. Until such time, your status will be held "in application" and nothing shall be construed as extending you any of the privileges of the Club.

All membership categories are subject to a dues increase at the discretion of the Board of Directors.

Upon notification of Acceptance of Membership, you shall be extended all the privileges of the Club as your type of membership shall be granted under the bylaws of the Clarkston Golf & Country Club.

Applicant assumes full responsibility for payment of all charges obtained through membership. Applicant agrees to abide by all rules and regulations governing membership.

Addresses

Mailing address for social announcements Home ___ Business ___
Mailing address for business announcements Home ___ Business ___

Home

Name _____
Address _____
City/State/Zip _____
Telephone # _____

Business

Name _____
Address _____
City/State/Zip _____
Telephone # _____

Vacation

Name _____
Address _____ Change Vacation Address Date _____
City/State/Zip _____ Billing ___ Social ___
Telephone # _____

Spouse

Spouse Name _____
Date of Birth _____
Address (if diff) _____
City/State/Zip _____
Telephone # _____

Does spouse golf? Yes ___ No ___
If yes, would spouse be interested
in belonging to the Ladies Association?
Yes ___ No ___

Dependents Under Age 21

Name _____
Date of Birth _____
Address (if diff) _____
City/State/Zip _____

Name _____
Date of Birth _____
Address (if diff) _____
City/State/Zip _____

Name _____
Date of Birth _____
Address (if diff) _____
City/State/Zip _____

Name _____
Date of Birth _____
Address (if diff) _____
City/State/Zip _____

For Club Use Only

At the meeting of the Board of Directors of Clarkston Golf & Country Club, Inc,
held on the _____ day of _____, the foregoing application
was approved for membership.

President

Comments:

