

EAGLES MERE COUNTRY CLUB

APPLICATION FOR MEMBERSHIP

(Please print or type all information hereon except signatures)

Membership Type
<input type="checkbox"/> Full Initiation Pay Plan _ One _ 3yr _ 5yr
<input type="checkbox"/> Social Initiation Pay Plan _ One _ 3yr
<input type="checkbox"/> Junior
<input type="checkbox"/> Trial

Applicant's Full Name _____ U.S. Citizen __ Yes __ No

Married If married, list spouse information Single Widowed Divorced Separated

Spouse's Full Name _____ U.S. Citizen __ Yes __ No

Permanent Address _____ City _____

State __ Zip Code _____ Phone No. (____) _____ Cell Phone (____) _____ Email _____

Summer Address _____ City _____

State __ Zip Code _____ Phone No. (____) _____ Fax Number (____) _____ Email _____

Applicant's Occupation _____ Office Phone (____) _____ Email _____

Employer and Business Address _____ Date of Birth _____

Spouse's Occupation _____ Office Phone (____) _____ Email _____

Employer and Business Address _____ Date of Birth _____

Immediate Family (unmarried children, under age 23, living or staying under same roof with Applicant and indicate date(s) of birth).

Other Clubs of which Applicant is a member _____

Owns improved property in Eagles Mere located at _____

Owns (or spouse owns) _____ shares in Eagles Mere Country Club.

Full Members are required to purchase ten shares of stock. Indicate how shares are to be issued (your name, your spouse's or joint).

Approximately how many rounds of golf will you play per year? _____ Self Handicap _____ Spouse Handicap _____

Have you ever been a member of the Eagles Mere Country Club before? _____ Yes _____ No

If yes give approximate dates of membership _____

Candidate knows the following members of the Eagles Mere Country Club (indicate relatives, if any)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____ 20 _____ Applicant's signature _____

BLANKS BELOW TO BE FILLED OUT BY APPLICANT'S SPONSOR

Sponsor has known: Applicant Socially in Business for _____ years; Applicant's immediate family for _____ years.

I hereby recommend the above applicant as a desirable member of Eagles Mere Country Club.

Date: _____ 20 _____ Sponsoring Member's signature _____

(Please print name)

Sponsor has known: Applicant Socially in Business for _____ years; Applicant's immediate family for _____ years.

I hereby recommend the above applicant as a desirable member of Eagles Mere Country Club.

Date: _____ 20 _____ Sponsoring Member's signature _____

(Please print name)

THE FOLLOWING FOR CLUB RECORDS ONLY

Approved

by the Membership Committee on _____ 20 _____

Rejected

Signed _____

Committee Member

NOTE: All applications submitted by mail should be addressed to;

EAGLES MERE COUNTRY CLUB, PO Box 360, Eagles Mere, PA 17731