



APPLICATION CLUB MEMBERSHIP
 \$1,000 INITATION FEE FOR PLAYING/PROPRIETARY AND REGULAR FIRM
 \$250.00 APPLICATION FEE FOR ALL OTHERS

Type of Membership Desired

Check One:

- Playing/Proprietary
 Discovery
 Young Executive (Ages 21-29)
 Young Professional (Ages 30-35)
 Special Social
 Firm
 Firm Associates

Personal Information

Name _____

Current Address: _____
Street City State Zip Code

E-Mail Address _____

Length of Time at Current Address _____ Home Telephone Number _____

Social Security Number _____ Cell Phone Number _____

Date of Birth _____ Emergency Contact Name _____
 and Number _____

- Single
 Married
 Divorced
 Widowed

***SPOUSE, DOMESTIC PARTNER, SIGNIFICANT OTHER INFORMATION (if applicable):**

Spouse/Partner/Significant other:

Name _____ email address _____

Telephone Number _____ Date of Birth _____

Wedding Anniversary Date _____

DEPENDENT CHILDREN (under age 20 or full-time students up to age 24):

Name	Date of Birth	Golf Privileges:	
		YES	NO
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Business Information

Applicant's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____

Street City State Zip Code

Business Telephone _____ Business Fax _____

Years in Present Employment _____ E-Mail Address _____

Spouse's occupation and/or Name of Business or Profession _____ Retired

Business Address _____

Street City State Zip Code

Business Telephone _____ Business Fax _____

Years in Present Employment _____ E-Mail Address _____

Do you play golf? _____ How long have you played golf? _____ USGA Handicap _____

Does your spouse play golf? _____ How long has your spouse played golf? _____ USGA Handicap _____

Reference Information

Please list membership in other Clubs, fraternities, sororities or organizations and positions held _____

Have you ever been proposed for membership in this or any other Club and been rejected or had your application Withdrawn? If so, please explain: _____

I am acquainted with the following Merced Golf & Country Club Members:

Name _____ for _____ years

Name _____ for _____ years

Name _____ for _____ years

Name _____ for _____ years

Authorization and Acknowledgment

By signing this application, I hereby authorize Merced Golf & Country Club, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations. I certify that I have read this application and understand its contents.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of Merced Golf & Country Club in the present form or as may be amended. I understand and agree that any dues, assessments and/or expenses of members are subject to modification by the Merced Golf & Country Club Board of Directors.

I also agree to maintain a current credit card account on file with the Club at all times. Should my account become delinquent, I agree the Club shall have the right to bill such past-due amount to my credit card. If I fail to pay my bill in full within thirty (30) days of the date payment is due I agree that the costs of collection, to include reasonable attorney's fees and all collection costs shall be awarded to the prevailing party in any litigation brought to enforce my obligations to the Club.

Card Type _____ Name as it appears on the Card _____
Account Number _____ Security Code _____ Exp. Date _____

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to me, my guests and all my family members who utilize the Merced Golf & Country Club and/or its facilities.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____