



# The Country Club of Winter Haven

## Application for Membership

Mr.    Mrs.    Ms.    Miss    Dr.

Applicant Name

Date of Birth (mm/dd/yyyy)

Mr.    Mrs.    Ms.    Dr.

Spouse/Companion Name

Date of Birth (mm/dd/yyyy)

Primary Address

City

State

Zip

Secondary Address – if Applicable

City

State

Zip

Phone

Cell

Business/Alternate

Home/Other

Primary Email – Billing Statements/Club Info

Alternate Email – Club Info/Newsletters

### Personal or Business References:

Name & Address

Phone

Name & Address

Phone

### Club Affiliations (Past or Present):

Club Name and Address

Years you were a Member

Club Name and Address

Years you were a Member

### Employment Information:

Company Name

Occupation

Address

City

State

Phone

Years of Service

*Retired applicants, please list the company you retired from, position, and length of service.*

**Emergency Contact Information:**

Name to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Name to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

**Family Information – Unmarried children under 25 living at home:**

\_\_\_\_\_  
Name Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Name Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Name Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Name Date of Birth (mm/dd/yyyy)

**Credit Card Information:**

\_\_\_\_\_  
Visa, MasterCard, Discover, American Express Number Expiration Date Security Code

\_\_\_\_\_  
Name on Card Billing Zip

**All Club charges will be payable upon receipt of the statement. Any balance outstanding after 45 days will be charged to the credit card on file. By executing this application, you understand the membership terms and agree to comply with the Club's By-Laws and Rules and Regulations.**

**I have received, reviewed, and understand the schedule of dues and fees for the category of membership chosen. I/We hereby apply for membership. I/We have reviewed and agree to abide by the By-Laws, Rules and Regulations, and Terms/Conditions of Membership of the Club.**

**Membership dues are non-transferable and non-refundable.**

**Please Initial \_\_\_\_\_**

**Membership Information:**

\_\_\_\_\_  
Category of Membership Individual, Family or Corporate Golf Membership

\_\_\_\_\_  
Date Membership Begins (mm/dd/yyyy) Date Membership Ends (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Applicant Signature of Spouse

\_\_\_\_\_  
Date Date

Membership is contingent on final approval by The Country Club of Winter Haven Board of Directors. You will be notified within ten days of the date of the date above if this application is denied for any reason.

For office use only	
Reviewed by _____	Applicant Approved (Date) _____
Membership Director	
_____	Membership Number Assigned: _____
General Manager	