



Name: _____

Birthdate: _____ Membership Category: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Employer's Address: _____

Spouse's Name: _____

Birthdate: _____ Occupation: _____

Employer: _____ Work Phone: _____

Employer's Address: _____ Email: _____

Children (if dependent)

1. _____ Birthdate: _____

2. _____ Birthdate: _____

3. _____ Birthdate: _____

All charges are payable upon receipt of monthly statement. Statements are mailed the first of every month and due by the 20th of that month.

I understand all applications are subject to approval by the Board of Directors of Spotswood Country Club, Inc.

If elected to membership, I agree to remain a member for one full calendar year and pay all dues and charges associated. I agree to abide by the constitution and by-laws, all house rules, and other regulations of the club covering my membership classification.

Signature

Date

Spouse's Signature

Sponsor's Signature

Member Number

Please return this application to the
Administrative Office