

Children (under 21):

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Name: _____	Birthdate: ____/____/____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Name: _____	Birthdate: ____/____/____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Name: _____	Birthdate: ____/____/____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Name: _____	Birthdate: ____/____/____

Vetting

Have you been a previous member at a country club? Yes or No If yes, where? _____

What are the main reasons for wanting to join? _____

Candidate acknowledges that this application is subject to a 30 day review period. If approved for membership, applicant agrees to abide by EG&CC Bylaws and Operational Rules as they are now or may be amended from time to time.

Candidate further acknowledges that payment of the one-time initiation fee is non-refundable and the amount of the initiation fee is subject to change at the Board's discretion. If Certificate membership, the Candidate is aware that he/she is responsible for all dues and fees until sale of Certificate membership.

Candidate authorizes the release of all credit information requested by Everett Golf & Country Club, and further understands that Everett Golf & Country Club may access his/her credit report for the purposes of extending credit under this agreement.

If approved for membership, applicant agrees to abide by EG&CC Bylaws and Operational Rules as they are now or may be amended from time to time.

I authorize the verification of the information provided on this form as to my credit and employment.

Applicant Signature

Date: ____/____/____

Approved by Board of Directors:	
_____	Date: ____/____/____
<i>Membership Committee Chairman Signature</i>	
_____	Date: ____/____/____
<i>Board Secretary Signature</i>	



Everett Golf & Country Club

Membership Sponsor Form

All members who wish to sponsor a candidate for club membership are required to complete and submit this form with the completed membership application. NO ACTION WILL BE TAKEN UNTIL ALL THE REQUIRED INFORMATION IS PROVIDED.

Name of Sponsor: _____ Member Number: _____

How long have you known the Candidate? _____ Years

Describe the affiliation you have with the Candidate: _____

Additional Comments: _____

SPONSOR SIGNATURE:

Name of Sponsor: _____ Member Number: _____

How long have you known the Candidate? _____ Years

Describe the affiliation you have with the Candidate: _____

Additional Comments: _____

SPONSOR SIGNATURE:
