



1903

# Membership Application

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

SPOUSE \_\_\_\_\_ Date of Birth \_\_\_\_\_

CHILDREN (IF ELIGIBLE UNDER FAMILY MEMBERSHIP).

\_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

PRIMARY RESIDENCE \_\_\_\_\_

CITY, ST. ZIP \_\_\_\_\_

SUMMER RESIDENCE \_\_\_\_\_

CITY, ST. ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ (Even if given to us list again)

What if any is your USGA Hcp: \_\_\_\_\_

PHONE \_\_\_\_\_

TYPE OF MEMBERSHIP \_\_\_\_\_

AMOUNT ENCLOSED \_\_\_\_\_

MEMBER REFERRAL \_\_\_\_\_

By signing below I agree to abide by all rules and regulations set forth by Green Woods Country Club and its management. I understand that playing privileges may be revoked at anytime for not conforming. Monthly members agree to pay a minimum of 12 consecutive months at the agreed upon rate

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

