



I hereby submit an application for membership to Ledgemont Golf Club Inc. to the Membership Committee and request to be admitted to membership in the classification indicated.

<input type="checkbox"/> GOLF FAMILY	<input type="checkbox"/> GOLF FAMILY 1	<input type="checkbox"/> GOLF FAMILY + DEPENDENT
<input type="checkbox"/> GOLF SINGLE	<input type="checkbox"/> EXEC. FAMILY	<input type="checkbox"/> DEPENDENT
<input type="checkbox"/> EXEC. SINGLE	<input type="checkbox"/> UNAFFILIATED JUNIOR	<input type="checkbox"/> POOL
<input type="checkbox"/> HOUSE MARRIED	<input type="checkbox"/> HOUSE SINGLE	

MALE SINGLE MARRIED

FULL NAME _____
DATE OF BIRTH _____
HOME MAILING ADDRESS _____
OCCUPATION _____
NAME OF FIRM _____
BUSINESS PHONE _____
ADDRESS OF FIRM _____
HOME PHONE _____ CELL PHONE _____
EMAIL (primary) _____
EMAIL (secondary) _____

FEMALE SINGLE MARRIED

FULL NAME _____
DATE OF BIRTH _____
HOME MAILING ADDRESS _____
OCCUPATION _____
NAME OF FIRM _____
BUSINESS PHONE _____
ADDRESS OF FIRM _____
HOME PHONE _____ CELL PHONE _____
EMAIL (primary) _____
EMAIL (secondary) _____

DEPENDANT CHILDREN (under 23 years of age)

NAME	DATE OF BIRTH
_____	_____
_____	_____

ACTIVITIES Please check those activities in which you and your spouse would be interested
 Golf Tennis Swimming Cards

JUNIOR ACTIVITIES Please check those in which your children would be interested
 Golf Swimming Tennis

REFERENCES Please name several members of this Club with whom you are friendly and to whom you refer:

Why do you wish to become a member of Ledgemont Country Club?

Other clubs to which you belong and have belonged to in the last five years:

Have any of the applicants ever been convicted of a felony? _____ If so, please explain

The undersigned hereby makes application to become a Member of Ledgemont Golf Club Inc.; agreeing to abide by its constitution, by-laws, rules and regulations thereof. I understand that all dues paid are non-refundable. I understand that the charges on my account are due and payable upon receipt of my monthly statement. In the event payment is not made and the account is referred to a collection agency or an attorney, I agree to pay all reasonable collection, attorney's and court fees and other expenses involved in the collection of the charges under this contract.

Signature of Applicant(s) _____

Date: _____