Country Club of New Bedford

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OFFICE USE
Application Received On_____By_____
Application Fee Rec'd $_____ ck#_____
Approval to Post _____Date_____

MEMBERSHIP APPLICATION

PLEASE PRINT

DATE OF APPLICATION _____

NAME IN FULL _____ ***SOCIAL SECURITY NUMBER*** _____

CLASS OF MEMBERSHIP DESIRED (SEE ATTACHED MEMBER BENEFITS & CLASSIFICATION) _____

DATE OF BIRTH _____ ***BIRTHPLACE*** _____ ***U.S. CITIZEN?*** _____

MARITAL STATUS _____ ***SPOUSE NAME*** _____

SPOUSE DATE OF BIRTH _____ ***BIRTHPLACE*** _____

CHILDREN OF APPLICANT SEEKING PRIVILEGES UNDER GOLFING MEMBER PLUS AND FAMILY CATEGORY LIST NAMES AND BIRTHDATES OF EACH CHILD.

1. _____

2. _____

3. _____

E-MAIL ADDRESS _____ ***PHONE NUMBER:*** _____

SPOUSE E-MAIL _____ ***PHONE NUMBER:*** _____

	PRIMARY	***SEASONAL***	***MAILING***
STREET:			
CITY:			
ZIP CODE:			

NAME /ADDRESS OF BUSINESS: _____

_____

POSITION/TITLE: _____ ***HOW LONG WITH BUSINESS:*** _____

PRIOR EMPLOYER AND ADDRESS: _____

_____

MEMBERSHIP IN OTHER CLUBS, OVER THE PAST FIVE YEARS (GIVE NAMES, ADDRESSES AND DATES)

_____
_____
_____
_____

REFERENCES (AT LEAST THREE - OTHER THAN MEMBERS) FOR MEMBERSHIP COMMITTEE TO CONTACT. GIVE NAME, ADDRESS, AND TELEPHONE NUMBER.

_____
_____
_____
_____

AUTOMOBILE REGISTRATION NUMBER(S) *MAKE AND MODEL*

1._____ _____

2._____ _____

TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT AND ACCURATE, AND IF ANY OF THE ABOVE STATEMENTS PROVE TO BE FALSE, THE BOARD OF DIRECTORS HAS THE RIGHT TO DEMAND AN IMMEDIATE RESIGNATION.

IF THIS APPLICATION IS FAVORABLY ACTED UPON BY THE BOARD OF DIRECTORS, THE UNDERSIGNED HEREBY AGREES TO BE BOUND BY THE PROVISIONS OF THE BY-LAWS, RULES AND REGULATIONS AND ALL AMENDMENTS AND ADDITIONS THERETO AND FURTHER AGREES TO PAY PROMPTLY ALL STATEMENTS COVERING DUES AND OTHER CHARGES RENDERED BY THE CLUB.

IN SIGNING THIS APPLICATION I SPECIFICALLY ACKNOWLEDGE THAT THE MEMBERSHIP IS FOR 1 YEAR AND THAT I AM RESPONSIBLE FOR ALL FEES, DUES, AND ASSESSMENTS INCURRED DURING THIS PERIOD. I ALSO ACKNOWLEDGE THAT MY MEMBERSHIP RENEWS AUTOMATICALLY EACH YEAR ON MY ANNIVERSARY DATE, AT THE DISCRETION OF THE BOARD OF GOVERNORS, AND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE BOARD WITH A 60 DAY NOTICE IN WRITING IF I DO NOT INTEND TO CONTINUE MEMBERSHIP INTO A NEW YEAR.

I FURTHER UNDERSTAND THAT THE COUNTRY CLUB NEW BEDFORD WILL CONDUCT A BACKGROUND INVESTIGATION WHICH MAY INCLUDE A CHECK WITH ANY PAST EMPLOYERS, A CRIMINAL RECORDS CHECK WITH THE LOCAL POLICE DEPARTMENT, THE STATE POLICE, FEDERAL LAW ENFORCEMENT AGENCIES, THE REGISTRY OF MOTOR VEHICLES ,FINANCIAL RECORDS TO INCLUDE A CREDIT REPORT AND INTERVIEWS WITH MY CHARACTER REFERENCES.

_____
APPLICANT SIGNATURE

_____ _____
PROPOSER SIGNATURE *SECOND SIGNATURE*

_____ _____ _____ _____
PRINT NAME *MEMBER NUMBER* *PRINT NAME* *MEMBER NUMBER*

PROPOSER AND SECONDER MUST SIGN IN PERSON AND MUST BE ACTIVE PLAYING MEMBERS. APPLICATION MUST BE FILLED OUT COMPLETELY.

UNTIL THEABOVE CONDITIONS ARE COMPLIED WITH, THE MEMBERSHIP COMMITTEE CANNOT CONSIDER THE APPLICATION.

LEASE SEND MAIL TO MY _____RESIDENCE _____P. O. BOX _____ BUSINESS ADDRESS(CHECK ONE)

HOW WOULD YOU LIKE TO BE BILLED FOR YOUR ANNUAL DUES?

ANNUALLY _____ QUARTERLY _____ MONTHLY _____ PLEASE CONTACT THE OFFICE AT 508-993-3453
(SOCIAL AND JUNIOR DUES BILLED ANNUALLY ONLY)

ELECTRONIC BILLING : YES NO WOULD YOU LIKE TO RECEIVE EMAILS ABOUT CLUB EVENTS AND ANNOUNCEMENTS? YES NO