

# **Membership** Application

I hereby present my nomination for membership to Greeley Country Club in the following category:

Proprietary (Age 40+)
Junior (Age 21-29)
Junior (Age 36-39)
Social
Junior (Age 30-35)
Non-Resident

Single (Designee must also select membership category above)
Corporate Business (Designee must also name no less than two additional Designees to qualify)

### **FAMILY INFORMATION**

I prefer that my name be placed on the membership roster as follows:

| Name (please print)          |              |      |        |                  |        | Sex M F   |
|------------------------------|--------------|------|--------|------------------|--------|-----------|
| Home address                 |              |      | _ City |                  | State_ | Zip       |
| E-mail address               |              |      |        | Date of birth    | /_     |           |
| Cell Phone ( )               |              |      | Hom    | e phone ( )      |        |           |
| Employed by                  |              |      |        | Position         |        |           |
| Business address             |              |      |        |                  |        |           |
| City                         | State        | _Zip |        | Business phone ( | )      |           |
| Spouse's Name (please p      | rint)        |      |        |                  |        | Sex M M F |
| E-mail address               |              |      |        |                  |        |           |
| Cell phone ( )               |              |      | Date   | of birth/        | _/     |           |
| Employed by                  |              |      |        | Position         |        |           |
| Business address             |              |      |        |                  |        |           |
| City                         | State        | _Zip |        | Business phone ( | )      |           |
| Names & birth dates of child | lren at home |      |        |                  |        |           |
| Name                         | _DOB//       | /]   | Name   |                  | DOB_   | //        |
| Name                         | _ DOB//      | /]   | Name   |                  | DOB_   | _//       |

#### **CORPORATE MEMBERSHIP** (If applicable)

Corporate memberships are held by the corporation or firm. The corporation must appoint one employee and his/her family as the designated user of the membership. The corporation may transfer the membership from one employee to another, subject to approval by the Club's Board of Directors and payment of the appropriate transfer fee as approved by the current by-laws.

| Company name  |                               |  |  |
|---|-------------------------------|--|--|
| Officer's name (please print)   |                               | Title                                  |  |
| Officer's signature   |                               |  |  |
| If applicable for a transfer of memb  | ership, please fill in the fo | llowing:                               |  |
| Previous designee   | Membership #                  |  |  |
| Transfer fee in the amount of \$  | accompanies                   | s this application.                    |  |
| <b>Referring Member(s)</b><br>I wish to propose this applicant for<br>will be an asset to the Club. | membership to the Greel       | ey Country Club, believing that he/she |  |
| Name  | Member #                      | Date//                                 |  |
| Signature   |                               |  |  |
| Remarks   |                               |  |  |
| Have you belonged to the Gre  | eley Country Club in          | the past and if so what year(s)?       |  |

Have you or do you currently belong to any other private clubs?

The club requires a written thirty-day notice of your intention to resign. Initials\_\_\_\_\_



#### **INITIATION FEE**

My payment in the amount of \$\_\_\_\_\_\_ accompanies this application. It is understood that my payment will be refunded if for any reason my application is not accepted. I would like to finance the remainder of my initiation fee as follows\_\_\_\_\_\_.

#### **APPLICANT'S SIGNATURE & VALID CREDIT CARD INFORMATION**

By signing this agreement, I understand that this membership is a one-year term and that I am responsible for all monthly dues for the first 12 months after join date.

I understand that, if I were to resign before my 2 year anniversary, I would be responsible for the balance of my membership dues and or initiation fee balance. \_\_\_\_\_Initial

Please provide a valid credit card number that may be assessed charges for payment if dues and charges are not paid within 30 days of receiving your bill. The following will be kept private and confidential and must be filled out in full for application processing. Thank you.

| VISA Harrison Tech | CVM Code | Exp/ |
|--------------------|----------|------|
| Name on Card       |          |      |
| Member's Signature | Date     | //   |
| Spouse's Signature | Date     | _//  |

## **Billing (Please Select One)**

| <br> | like to have my CC auto-deducted each month CC charged on the 2 <sup>nd</sup> Monday of every month.           |
|------|--|
| <br> | like to have my Bank Account auto-deducted each month<br>Charged on the 2 <sup>nd</sup> Monday of every month. |
|      | Name of Bank<br>Routing number<br>Checking Account number  |
| <br> | like information about annual dues payment promotions  |