

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.	
Referring Member(s) I wish to propose this applicant for 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)

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