



MEMBERSHIP APPLICATION FORM

Regular Member

Weekday Member

Member# _____ Locker#: _____ (office use only)

Name of Applicant: _____

Home Address: _____
(Street address, city & postal code)

Telephone - Home: _____ Cell: _____

Preferred Email: _____

Yes, I agree to receive club correspondence at this email address

Date of Birth: (mm/dd/yy) _____

Occupation: _____

Employer / Business: _____

Business Address: _____

Telephone: _____ Fax: _____

Business E-mail _____

Should my account fall in arrears, or I fail to meet my minimum spending requirement, I
_____ authorize the Club to make payment from the following credit card:

Type of card _____ Credit card # _____ Expiry date _____

_____ Code _____

*Cardholder's Signature

Regular Members can have their Spouses join complimentary as Spousal Social

Yes, I would like to have a complimentary Spousal membership

How did you hear about our Regular Membership option? (Select all that apply)

- Member referral
- Website
- E-mail communication
- Twitter
- Print Ad
- Other: _____

By signing below the applicant applies for a **Regular Membership** at *Camelot Golf & Country Club* and acknowledges and agrees as follows:

- The applicant's Membership is subject to acceptance by the Board of Governors of *Camelot Golf & Country Club*. If the applicant's membership is not accepted any fees submitted will be returned to the applicant without interest.
- The applicant agrees to comply with the letters patent, by-laws, rules and regulations of *Camelot Golf & Country Club*.
- If you wish to resign from the Club, you **MUST** provide your completed Membership Certificate Surrender Form by the deadline prescribed in our rules & regulations (November 1st)
- Failure to provide such notice by the deadline may result in dues being payable for following season.
- Payment for the membership fee accompanies this application.
- The applicant agrees to allow Camelot to use their personal information provided above solely for purposes related to the normal administration of the club, per our Privacy Policy.

DATED this _____ day of _____, 20 _____.

*Applicant's Signature



SPOUSAL APPLICATION FORM

Spousal Regular Spousal Weekday Spousal Restricted

Member# _____ Locker#: _____ (office use only)

Name of Applicant: _____

Name of Regular Member Spouse: _____

Home Address: _____
(Street address, city & postal code)

Telephone - Home: _____ Cell: _____

Preferred Email: _____

Yes, I agree to receive club correspondence at this email address

*Date of Birth: (mm/dd/yy) _____

Occupation: _____

Employer / Business: _____

Business Address: _____

Telephone: _____ Fax: _____

Business E-mail _____

How did you hear about our Spousal Membership option? (Select all that apply)

- Member referral
- Website
- E-mail communication
- Twitter
- Print Ad
- Other: _____

By signing below the applicant applies for a **Spousal Membership** at *Camelot Golf & Country Club* and acknowledges and agrees to the following:

- The applicant's Membership is subject to acceptance by the Board of Governors of *Camelot Golf & Country Club*. If the applicant's membership is not accepted any fees submitted will be returned to the applicant without interest.
- The applicant agrees to comply with the letters patent, by-laws, rules and regulations of *Camelot Golf & Country Club*.
- Spousal Membership at Camelot is continuous until such time as the spouse no longer holds a certificate. As such should you NOT wish to return for a future season, you MUST provide your notice of resignation by the deadline prescribed in our rules & regulations.
- Failure to provide such notice by the deadline may result in dues being payable.
- Payment for the membership fee accompanies this application.
- The applicant agrees to allow Camelot to use their personal information provided above solely for purposes related to the normal administration of the club, per our Privacy Policy.

DATED this _____ day of _____, 20 _____.

*Applicant's Signature