



## MEMBER APPLICATION

**3100 COUNTRY CLUB ROAD SW ROCHESTER, MN 55902**

### Direct Payment

Name of Bank

Routing Number

Account Number

I/we wish to automatically pay the statement monthly through the D.P. Plan (Checking or Savings) on the 10th or 20th of the following month the statement is presented:

- Yes     10th of the Month     20th of the Month  
 No

I agree and guarantee to pay all dues, fees, assessments, accounts and other indebtedness as and at the time prescribed by the club, its membership bylaws, club rules, policies and procedures or otherwise, and to accept, abide, and be governed by the membership bylaws, club rules, policies and procedures of the club in force from time to time.

I also agree to pay for all damage to club property which may be incurred as the result of my conduct and the conduct of my spouse, children and guests.

I understand the term of my membership is the entire fiscal year of April 1st through March 31st and that my membership is automatically renewed each year unless I submit in writing a request to change my membership in accordance with the club's bylaws.

Applicant's Signature

Date

Spouse's Signature

Date

Member Number \_\_\_\_\_

Type of Membership:

- Family Golf Member
- Single Golf Member
- Junior Golf Member
- Fellow Member
- Non-Resident Golf Member
- Social Member
- House Member
- Golf Corporate
- Social Corporate

Corporate Designees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Mr.
- Mrs.
- Dr.
- Ms.

Name of Member \_\_\_\_\_ Birthday \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Birthday \_\_\_\_\_

Referred By \_\_\_\_\_

Print or Type Name	Membership No.	Year Acquainted
--------------------	----------------	-----------------

Please list anyone to whom you would like us to extend an invitation for membership (Please state their relation to you and address or phone number):

\_\_\_\_\_

\_\_\_\_\_

List names of unmarried children under 25 years of age who are living in your household:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M/F \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M/F \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M/F \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M/F \_\_\_\_\_

Primary Residence \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Business \_\_\_\_\_ Title \_\_\_\_\_

Nature of Business \_\_\_\_\_

Business Telephone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

- Yes, please list my phone number in the membership directory.
- Yes, please list my email address in the membership directory.

Indicate where you would like to receive mail:

- Home
- Business

Indicate where you prefer all club statements mailed:  Local Residence

Business  Other (specify) \_\_\_\_\_

I would be interested in serving on the Board of Directors

Or on any of the following committees:

- Membership/ Rules
- Long Range Planning
- Golf & Greens
- Finance
- House & Social