



MEMBERSHIP APPLICATION

- MASTER GOLF SOCIAL CORPORATE GOLF
- CORPORATE SOCIAL LONG DISTANCE GOLF

If corporate membership, list company name of membership and primary member name:

Company Name: _____ **Primary member:** _____

Date: _____ Effective Date of Membership: _____

Name: _____

Email Address: _____

Residence Address: _____

Business Address: _____

Telephone: Home: _____ Office: _____

Please send billing statement to: Residence Business

Please send Club information: Residence Business

Social Security Number: _____

Date of Birth: _____ Golf Handicap: _____

SPOUSE INFORMATION

Spouse's Name: _____

Email Address: _____

Social Security Number: _____

Date of Birth: _____

Golf Handicap: _____ Date of Anniversary: _____

CHILDREN'S INFORMATION

Name (s)	Date of Birth	Sex	Charge Privileges
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Club Affiliations: (name of organization and location)

Names of sponsoring member:

CONFIDENTIAL MEMBERSHIP QUESTIONNAIRE

Bank References

Name _____ Officer to contact & telephone number _____

Major Credit Card

Code: _____

Type: _____ Number: _____

Expiration Date: _____

*Once bill is 10 days past due charges will automatically be applied to credit card.

Address if different for the billing of the credit card:

Personal References:

Name	Telephone numbers
_____	_____
_____	_____

For Club Use Only:

Date Approved: _____	Signatures for approval: _____
_____	_____

Membership Number: _____

I verify that all information contained in this Membership Application, as well as other documentation (if any) pertaining to this membership, which I have provided to Alaqua Country Club concerning myself, is complete and correct. To assist the club in evaluating my applications, I authorize the Club to request a report of my credit history from a credit reporting service and to check any personal background references.

I agree to abide by the General Rules and Regulations of Alaqua Country Club.

All applications are subject to review by the membership admissions committee.

Signed: _____ Date: _____

Signed: _____ Date: _____

Return to: Alaqua Country Club
Attention: MEMBERSHIP
3060 Players Point
Longwood, FL 32779
(407)333-2582 or (407) 333-0764 - Fax