



FOR OFFICE USE ONLY

Account # _____

Initiation Fee- Paid Charged to Acct.

Pro-Rated dues charged _____

APPLICATION FOR MEMBERSHIP

It is my desire to apply for Membership in the Dornick Hills Golf and Country Club. If I am elected to the Membership, I agree to abide by all the Laws, Rules and Regulations of the Club now, and in the future. Enclosed is \$_____ payment of initial fees for my membership.

Please check one:

() Stock Inclusive () Non-Resident () Junior () Social

PERSONAL & BUSINESS INFORMATION

Name _____ Company _____

Home Address _____ Business Address _____

Email Address _____

Home Phone _____ Business Phone _____

Applicant's Date of Birth _____

Present Occupation _____ Length of Employment _____

Previous Employer _____ Length of Employment _____

Please send my correspondence to my (please check one): () Home address () Business Address

Local Bank and officer _____

Spouses' Name _____ Date of Birth _____ Spouses' Email _____

Children under age 21 or full time students

Name _____ Date of Birth _____

Name _____ Date of Birth _____

I () have or () have not been rejected, expelled, or dropped from Membership at Dornick Hills or any other club.

If yes, please explain _____

Would you like to be included in our Membership Directory? () yes () no
Please check what you would want information you would like to be published in the Membership Directory
_____ Name _____ Address _____ Phone wk () hm () _____ email

Applicant Signature _____ Date _____

Personal references from Dornick Hills Country Club

(Three signatures from our Membership are required)

_____ Member

_____ Pat Nichols, President/Board of Directors

_____ Member

_____ Membership Coordinator

_____ Member