



# APPLICATION FOR MEMBERSHIP

**TYPE OF MEMBERSHIP DESIRED:**    Regular    Non-Resident    Junior    Social    Social+Pool

## MEMBER INFORMATION

Member Name (First & Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Name (First & Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Children's Names & Ages (Under 21) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residential Address \_\_\_\_\_

Have you or your spouse previously applied for membership at FCCC?    Yes    No

## EMPLOYER INFORMATION

Place of Employment \_\_\_\_\_ No. of Years \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## REFERENCES

Please provide the following information for three (unrelated) persons whom you have known for the last ten years:

Name (First & Last) \_\_\_\_\_ Phone \_\_\_\_\_

Name (First & Last) \_\_\_\_\_ Phone \_\_\_\_\_

Name (First & Last) \_\_\_\_\_ Phone \_\_\_\_\_

## SPONSOR INFORMATION

The undersigned Sponsor and three regular voting members hereby endorse the above applicant and recommend that they be approved for membership. The Sponsor or one member signing this application agrees to appear before the Board of Admissions on behalf of the applicant or the application will not be considered for membership.

Sponsor Name (First & Last) \_\_\_\_\_

Member Name (First & Last) \_\_\_\_\_

Member Name (First & Last) \_\_\_\_\_

Member Name (First & Last) \_\_\_\_\_



## APPLICATION FOR MEMBERSHIP

### PAYMENT INFORMATION

Credit Card Type     Visa     Amex     Discover     MasterCard

Card Number \_\_\_\_\_ Exp. Date (Mo/Year) \_\_\_\_\_ CSV \_\_\_\_\_

### ACKNOWLEDGEMENT

By signing below, I acknowledge and agree to the following:

- I. I certify that the statements above are true and correct.
- II. I authorize Forrest City Country Club to check and verify the information provided herein. I understand that any information obtained pursuant to said verification may be released to the Forrest City Country Club Board of Governors and the Sponsor for the purpose of consideration of this application.
- III. I understand that if my account is not paid as agreed, the payment information provided herein will be charged for the balance owed on my account.
- IV. A check in the amount of \$\_\_\_\_\_ for my membership or transfer fee is tendered herewith.
- V. My membership was purchased from \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_