



APPLICATION FOR MEMBERSHIP

APPLICANT INFORMATION

Name:

Date of birth:

Home Phone:

Cell Phone:

Current address:

City:

State:

ZIP Code:

Own Rent *(Please circle)*

Personal Email:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

SPOUSE/SIGNIFICANT OTHER INFORMATION

Name:

Address:

Personal Email:

Date of birth:

Home Phone:

Cell Phone:

SPOUSE/SIGNIFICANT OTHER EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

CHILDREN INFORMATION (UNDER 23)

Name:

Date of birth:

Name:

Date of birth:

Name:

Date of birth:

Name:

Date of birth:



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REFERRALS

Name:	Email Address:	Phone:

CORPORATE MEMBERSHIP

ARE YOU OR YOUR SPOUSE CURRENTLY EMPLOYED WITH ANY OF THE FOLLOWING:

KC Summers	YES / NO	Sara Bush Lincoln	YES / NO
City of Mattoon	YES / NO	Eastern Illinois University	YES / NO
Mattoon School District	Yes / NO	Lake Land College	YES / NO

MARKETING INFORMATION

<i>Emails sent to:</i> Member: _____	<i>Preferred Phone:</i> Member Cell: _____
Business: _____	Member House: _____
Spouse/SO: _____	Spouse/SO: _____
All the above: _____	

SIGNATURES

I understand my application is subject to approval of the Board of Directors and it is agreed this membership and all persons using the Club hereunder, are bound by and shall comply with all the By-Laws, Rules and Regulations of the Club as they are written or shall be amended. I agree to pay all charges that may apply. If I fail to make any payments due, the Mattoon Golf & Country Club may at any time declare the entire unpaid balance of the account be immediately due and payable. I also agree to pay all costs of collection, including contingency fees of collection agency and reasonable attorney fees incurred by Mattoon Golf & Country Club for the enforcement default. I acknowledge I will be liable for contingency collection fees and attorney fees in the amount equal to or up to 50% of the original balance owed and those fees shall be added to the amount of the original bill. I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Membership Class: _____

Membership Effective Date: _____

Signature of applicant: _____

Date: _____