

Application For Membership

The Wyoming Golf Club

Name of Primary Applicant (First, Middle, Last): _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Married or Unmarried (*circle one*)

Business Name: _____ Title: _____

Business Address: _____ Business Phone: _____

Spouse or Companion (*circle one*)

Name (First, Middle, Last): _____

Email: _____

Date of Birth: _____ Cell Phone: _____

Home Address (*if different from Primary*): _____

Business Name: _____ Title: _____

Business Address: _____ Business Phone: _____

Membership in other organizations: _____

Applying for Membership Classification

Please check only one:

Full Membership

Intermediate Membership

Social Membership

Dependent Information

Include children under the age of 24 and living at home

Child: _____ Birth Date: _____

Child: _____ Birth Date: _____

Child: _____ Birth Date: _____

Child: _____ Birth Date: _____

Please accept my application to join the The Wyoming Golf Club. I agree to abide by the Bi-Laws and membership rules of this organization. The primary member/applicant further agrees to accept financial responsibility for dues, charges, capital assessments and/or operating assessments, and any other financial obligation as approved by the Board of Directors. I further agree and undertake to pay monthly dues for the relevant membership category for the entire two full years from the date of my initial membership. Upon approval of the Board of Directors, this application converts to a contract between the applicant(s) and The Wyoming Golf Club.

Signature of Applicant: _____ Date: _____

Signature of Spouse or Companion: _____ Date: _____