



Application for Membership

*301 Montrose Road • St. Cloud, MN 56301 • (320) 253-1331
www.stcloudcountryclub.com*

Type of Membership Desired

Golf Class A, B, & C Memberships are for 24 months under the introductory membership program. All other memberships are for 12 months.

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Check One:

- Class A Family Golf Member (ages 33 & over)
- Class B Single Golf Member (ages 33 & over)
- Class B Family Golf Member (ages 33-39)
- Class C Single Golf Member (ages 21-32)
- Class C Family Golf Member (ages 21-32)
- Legacy Golf Member (ages 22-26)
- Tennis/Social Member
- Sport Social Member

Personal Information

Name _____

Address _____
City State Zip Code

Length of Time at Primary Address _____ Social Security Number _____

Home Telephone Number _____ Cell Phone Number _____

Date of Birth _____ Single Married Divorced Widowed

Email Address _____

If married, please fill out the Spouse Information section below.

Spouse's Name _____ Spouse's Social Security Number _____

Date of Birth _____ Spouse's Cell Phone Number _____

Wedding Anniversary Date _____

Spouse's Email Address _____

Please list your dependent children under the age of twenty-two.

Name	Date of Birth	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Business Information

Applicant's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Business Fax Number _____

Years in Present Employment _____ E-Mail Address _____

Spouse's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Business Fax Number _____

Years in Present Employment _____ E-Mail Address _____

Statement & Newsletter Preference

Emailed Newsletters

Home E-Mail

Business E-Mail

Mailed Statements

I prefer to receive my monthly billing at:

Home

Business

I prefer to receive my general mail at:

Home

Business

Do you play golf? _____ How long have you played golf? _____ USGA Handicap _____

Does your spouse play golf? _____ How long has your spouse played golf? _____ USGA Handicap _____

Food & Beverage Minimum Check One:

\$50 Monthly (Apr-Nov)

\$600 Annual (Dec-Nov)

Reference Information

Please list membership in other Clubs, fraternities or organizations and positions held _____

I am acquainted with the following St. Cloud Country Club Members:

Sponsor _____ for _____ years.

Name _____ for _____ years.

Name _____ for _____ years.

Authorization

By signing this application for membership at St. Cloud Country Club, I hereby authorize St. Cloud Country Club, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of St. Cloud Country Club in the present form or as may be amended.

I also agree to maintain a current credit card account on file with the Club at all times. Should my account become delinquent, I agree the Club shall have the right to bill such past-due amount to my credit card in addition to a 1.5% finance charge.

Card Type _____ Account Number _____ Expiration Date _____

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing St. Cloud Country Club.

Signature of Applicant _____ **Date** _____

Signature of Spouse _____ **Date** _____