

MEMBERSHIP APPLICATION

Name:	DOB:(mm/dd/yy)					
Social Security #:	Marital Status: Single	Married Other:				
Spouse Name:		DOB: (mm/dd/yy)				
Address:						
City:	State:	Zip:				
Home Phone:	Mobile:					
Email:	Spouse Email:					
	Spouse Mobile:					
Children's Names & DOB: (mm/dd/yyyy):						
Wedding Anniversary (mm/dd):	Vedding Anniversary (mm/dd): Have you previously been a member? Y/N Last Year of Member					
Company Description:						
Title:						
Company Address:						
City:	State:	Zip:				
Company Phone:	Fax:					
Mobile:						
Length of Employment Company	/Email:	······\				
Spouse Employer:						
Company Address:						
City:	State:	Zip:				
Company Phone:	Fax:					
Mobile: Com	pany Email:					

SPONSOR & REFERENCES

Sponsorship is not required, but it is recommended for quicker approval of your application for membership.

Sponsor:	_ Sponsor Signature:
Date:	_ Member Number:
Please list three (3) professional references:	
1. Name	
Business	Phone
2. Name	
	Phone
3. Name	
Business	Phone
Associations or professional affiliations:	
	tute acceptance of the applicant for membership in the Club. Ily upon approval by the Club leadership.
MEMBE	ER CATEGORY
Lam applying for membership in the category of:	
Tam applying for membership in the category of.	
Executive Member Other	Initiation \$
Senior Executive Member	Dues \$
Corporate Primary Member	
Corporate Associate Member	Processing Fee \$
Social Member	Total Due \$
Corporate Primary Member Name:	
Number of Corporate Associates:(An application must l	pe filled out by each Associate.)

 $Corporate\ Associate\ Members\ must\ be\ from\ the\ same\ Company\ as\ the\ Corporate\ Primary\ Member.$

CLUB CHARGES & BILLING INFORMATION

Kindly send r	ny Club billing statements to:					
Home	Address Busin	ness Address	Email			
YES, fo	or my convenience, please autom	atically bill my Credit	Card or Checking Acco	unt (an itemization will still	be mailed).	
My Co	mpany's Accounting Department	t will take care of my	monthly billing.			
Contact Nam	e:		Phone	Email		
YES, p	lease charge my Credit Card or Cl	necking Account for a	all dining privileges.			
	Information:		cking Account Informa	ation:		
Card Type:	Visa MasterCard	AmEx Routi	ing #	Acco	unt #	
Card Numbe	r:			Expiration	Date	CVV
Name on Car	d:					
Billing Addre	SS:					
City:				State:	Zip:	
60 days delinque 90 days delinque 120 days delinqu The undersigned hereby agrees that in the event th not, the prevailing party s	nt - reminder notice nt - second reminder not nt - account suspended, o ent - membership termina personally guarantees payment o nat any legal action is brought in o shall be entitled to reasonable att ub is granting membership privil	club privileges sus ated, account sent of all charges, dues ar connection with the C orneys fees and cost	spended to collections and purchases at and fro Guaranty, or any legal fe of litigation in such am	ees are incurred as a result o	of the breach thereof, whet	her suit is instituted or
IN WITNESS WHEREOF,	the undersigned has executed	this Guaranty on th	neday of		20	-
and agree that my mem	bership at Sundale Country Clu bership in said Club will be suk rectors may terminate such me	oject to all bylaws, r				
does capital assessme any assessment is gro	ere is an optional annual holi nts that may go towards, but unds for termination. I furtho here is a \$	not limited to, op er acknowledge th	erations, equipmen at dues and fees are	t, repairs, training and	operating capital. Failu	ire to participate in
	Signature of Applicant			Guarantor		Date
				f the applicant for memb	ership in the Club.	