



MEADIA HEIGHTS GOLF CLUB
 402 GOLF ROAD • LANCASTER, PENNSYLVANIA 17602
 393-9761

Board Approval _____

MEMBERSHIP CLASSIFICATION APPLIED FOR: _____

Date Received _____ Complete? Yes _____ No _____ Application for _____ Membership

(A) PERSONAL:

Name _____ Date of Birth _____
(First) (Initial) (Last) (Month) (Day) (Year)

Residence Address _____
(Street)

(City) (State) (County) (Zip) (Phone)

How long at present address? _____ Social Security No. _____

Fax # _____ E-mail _____

If less than two years, please give previous address: _____
(Street)

(City) (State) (Zip) (Phone)

Billing Address: _____
(Street)

(City) (State) (Zip) (Phone)

FAMILY:

Members of Immediate Family:

Spouse's Name _____
(First) (Initial) (Maiden) (Soc. Sec. No.) (Date of Birth)

Children _____
(First) (Initial) (Date of Birth)

Under 22 _____
 Years of Age (First) (Initial) (Date of Birth)

(First) (Initial) (Date of Birth)

Past or Present Club Affiliations:

(Name) (City) (Phone)

Other than the Proposer and Seconder, I personally know the following members of this club:

(B) BUSINESS AND FINANCIAL

Occupation/Business _____ Title _____

Employed by _____ Phone _____

Fax _____ E-mail _____

Business Address _____ How Long? _____

If employed less than five years, please list two previous employers:

1. _____ (Company Name) (How Long) 2. _____ (Company Name) (How Long)

Please give a short resumé of your business career _____

Spouse's Occupation _____ Employed by _____

(Address) (Phone) (How Long)

(C) FINANCIAL REFERENCES

1. _____ (Name) (Contact)

(Street) (City) (State) (Zip)

2. _____ (Name) (Contact)

(Street) (City) (State) (Zip)

(D) OTHER REFERENCES

1. _____ (Name) (Contact)

(Street) (City) (State) (Zip)

2. _____ (Name) (Contact)

(Street) (City) (State) (Zip)

I agree to be bound by the By-Laws, Rules, Regulations, Policies and Articles of Meadia Heights Golf Club as they are amended. I understand the representations and warranties as covered on the bottom of this application. I further recognize that my membership is for twelve (12) months and shall automatically continue at the expiration of each membership year at the rate of a full membership unless cancelled by letter or by the Board of Directors by the anniversary date of my membership. Trial memberships will be upgraded to full membership on my membership's anniversary date.

Applicant's Signature Date

SPONSORS:

Proposer and Seconder Must Be Full Golfing Members.
Application must be signed by Proposer, Seconder and Applicant.

Proposer's Signature Seconder's Signature

ACKNOWLEDGEMENT AND SIGNATURE

I understand that the Club will be relying upon the accuracy and completeness of my responses to the foregoing questions and I represent and warrant the following:

- (a) The answers to the above questions are complete and correct and may be relied upon by the Club in determining whether the offer and sale of a Membership to the undersigned satisfies certain regulatory and suitability requirements.
- (b) I will notify the Club immediately of any material change in any statement made herein occurring prior the acceptance of the undersigned for Membership in the Club.
- (c) I will provide such additional information about myself as may be requested by the Club, and if for any reason I fail or refuse to do so, the Club may cancel my application for Membership in the Club.