

Clinton Country Club

P. O. Box 436
Lock Haven, PA 17745
(570) 748-2310

2010 MEMBERSHIP APPLICATION

Type of Membership Requesting:

Single Platinum_____

Single Gold_____

Single Silver_____

Family Platinum_____

Family Gold_____

Family Silver_____

Student Golf_____

Non-Resident Golf_____

Honorary Single_____

Honorary Family_____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____ Cell Number: () _____

Social Security Number: _____ E-Mail: _____

Would you prefer monthly billing statements to be emailed or mailed to you? Email_____ Mail_____ Both _____

Employment Status: Retired _____ Employed _____

If currently employed:

Present Employer: _____ Position Held: _____

Employer Address: _____

Business Telephone Number: () _____

Where would you like mailings from the Club, including bills, sent? Residence _____ Business _____

Marital Status: Married_____ Widowed_____ Single _____ Number of Dependent Children _____

Spouse's Name: _____ Date of Birth: _____

Names of Dependent Children to be included onto membership:

Date of Birth:

**Children under 16 years old can be added to family membership plans for \$150/child.*

**Children between the ages of 16 – 22 years old can be added to a family membership plan for \$250/child.*

PLATINUM MEMBERS ONLY

Members with credit in goodstanding will receive monthly billing statements for all fees, charges or purchases made to account number for golf operations. The public restaurant, Haywood's on the Green, will provide billing privileges for PLATINUM MEMBERS ONLY if service is requested. Please note that a \$10 processing fee per month will be assessed for any member using this option.

Do you want to have billing privileges at Haywood's On the Green? _____ Yes _____ No

If yes, a credit card information is required to be kept on file for all members who select this service. This policy has no exception. The credit card listed will be charged for all restaurant related purchases if no payment is made with (30) days of receiving monthly statement from Clinton Country Club.

Type: _____ MasterCard _____ Visa _____ American Express _____ Discover

Name on Card: _____

Credit Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

If applying for a GOLD or SILVER Membership, please indicate what options you would like included in your membership:

_____ Use of locker room facilities \$250/year

_____ Bag storage on-site \$150/year

_____ Push cart storage \$150/year

_____ Handicap indexing system \$35/year

_____ **Total**

ONLY AVAILABLE STARTING IN 2010

Clinton Country Club Member Referral Program

If applicable, please list the name of member that referred you to Clinton Country Club

For purposes of this agreement, the party which is to hold the Membership, whether personal or corporate, is the Applicant. By signing this Application, Applicant(s) authorizes the Club to investigate their credit history, and to obtain a consumer credit report as well as any reasonably necessary information from such report and references. Once application has been approved and accepted, membership dues are **non-refundable**. Co-applicant is equally responsible for payment of account.

Printed Name of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

For Office Use Only:

Date Application Received: ____/____/____ Date Application Approved: ____/____/____

Deposit Amount for Membership Received and Date: \$ _____ ____/____/____

Assigned Member Number(s): _____