

NEW MEMBERSHIP APPLICATION

| NAME | | | | | | DATE OF BIRTH | | |
|--|-----------------------------|----------------------------|----------|-------------------------------------|------------|---------------|---------------|--|
| | | | | | | | | |
| STREET | | | CITY | | | STATE | ZIP | |
| | | | | | | | | |
| NAME OF SPOUSE/SIGNIFICANT OTHER | | | | | DATE OF BI | DTU | | |
| NAIVIE OF SPOUSE/SIGNIFICANT OTHER | | | | | DATE OF BI | KIII | | |
| | | | | | | | | |
| HOME PHONE | WORK PHONE | CELL PHONE | | EMAIL ADDRESS | | | | |
| | | | | | | | | |
| CHILDREN NAMES | | | | | | RTH | | |
| | | | | | | | | |
| | | | | | | | | |
| AUTHORIZED CORPORATE MEMBERS | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Check the type of members | ship category you are apply | ing for: | | | | | | |
| FAMILY SINGLE | | | | | | | | |
| | | | | NGLE | | | | |
| | | | UNIOR SI | NGLE | | ANNUAL | CART - SINGLE | |
| | | | COLLEGE | DLLEGE STUDENT ANNUAL CART - FAMILY | | | | |
| CORPORATE | | | STUDENT | | | • | | |
| CORPORATE ADD-ON POOL & SOCIAL | | | | OCIAL | | | | |
| * Proof of age required for ** Proof of business requir | red for corporate members | hips | | | | | | |
| I would like to apply for imr I understand that members | · | | | | | | | |
| I have enclosed my first payment, or payment in full, by either providing a check made out to Beaver Meadows GC | | | | | | | | |
| or by authorizing credit card information provided below. I understand that if membership is full, I will be given | | | | | | | | |
| an opportunity to be placed on Beaver Meadows' waiting list for future membership openings. I understand that as a member of Beaver Meadows, I am obligated to support the BMGC restaurant through monthly minimums | | | | | | | | |
| (see Restaurant Form attac | | rt the BMGC restaurant ti | nrougn m | ionthly minimums | | | | |
| (See Nestaurant Form actual | | | | | | | | |
| If you were a former mem b | • | | years. | | | | | |
| Are your parents active me | mbers of Beaver Meadows | ? | Name | | | | | |
| I certify that all information category for which I am app | * * | al and that I meet the req | uirement | s of the membersh | ip | | | |
| Signature | | | | | Date | Date | | |
| SEND APPLICATION TO: Be | eaver Meadows Golf Club | P O Roy 1818 Cicero NV | 13039 | | | | | |
| Payment Options: | caver ivicadows don club, i | 1.0. BOX 1010, CICCIO, IVI | 13033 | | | | | |
| Charge Credit Card for \$500 | O downpayment: | | Check/Ca | sh Included: | | | | |
| Charge Credit Card for full p | payment: | | | | | | | |
| CREDIT CARD INFORMATIO | ON | Mastercard / VISA | | Account # | | | _ | |
| | | American Express | = | Expiration date | | C | /V | |
| | | American express | | LAPITATION UATE | - | - | | |
| Signature (for credit card) | | | | | Date | | | |