



Confidential Application for 2019 Trial Membership

Name: _____ Spouse: _____

Address: _____

City/State/Zip: _____

If less than 3 years at above address, please list former address:

Home Phone: _____ Home Email: _____

For billing purposes, how would you prefer your monthly statement be delivered to you?

1. E-mail: Personal E-mail Address Business E-mail Address

2. Regular Mail: Home Address Business Address

Your Information ***Spouse Information***

Date of Birth: _____ Date of Birth: _____

Personal E-mail: _____ Personal E-mail: _____

Wedding Anniversary: _____

Interests (Please check all that apply): Interests (Please check all that apply):

Golf Tennis Pool Swim Team Golf Tennis Pool Swim Team

Fitness Fitness

Profession: _____ Profession: _____

Company Name: _____ Company Name: _____

Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____

Business E-mail: _____ Business E-mail: _____

Children Using The Club

Child #1 Name: _____ Interests (Please check all that apply)

Gender: (Male or Female) Golf Tennis Pool Swim Team

Date of Birth: _____ Fitness

Child #2 Name: _____ Interests (Please check all that apply)

Gender: (Male or Female) Golf Tennis Pool Swim Team

Date of Birth: _____ Fitness

Child #3 Name: _____ Interests (Please check all that apply)

Gender: (Male or Female) Golf Tennis Pool Swim Team

Date of Birth: _____ Fitness

Child #4 Name: _____ Interests (Please check all that apply)

Gender: (Male or Female) Golf Tennis Pool Swim Team

Date of Birth: _____ Fitness

Select Membership Level

_____ **Pool & Dining Trial Membership** **\$1200.00**

May 1 – Sept 30, 2019

_____ **Full Trial Membership** **\$2000.00**

9-month full trial membership includes Golf, Pool, Tennis, and Dining.

Signature: _____ Date: _____

Signature: _____ Date: _____