MEMBERSHIP APPLICATION

THE APPLICATION PROCESS

Please complete this application to be considered for membership at Maple Bluff Country Club. Your membership will become effective following approval from our Board of Directors. New members will be invited to our annual New Member Welcome Reception. If you have any questions regarding membership, please contact our Director of Sales & Marketing, Jennifer Porter, at jenniferp@mbcc1899.com. We look forward to welcoming you to the club.

MEMBERSHIP CAVTEGORY

☐ Golf ☐ Golf Single ☐ Social ☐ Social, Pool, Tennis, Fitness

PERSONAL INFORMATION

Name #1: _____
First Middle Last Preferred Name

Name #2: _____
First Middle Last Preferred Name

Date of Birth #1: _____ / _____ / _____ Date of Birth #2: _____ / _____ / _____

CHILDREN	DATE OF BIRTH	INTERESTS		
		GOLF	POOL	TENNIS
_____	___ / ___ / ____	_____	_____	_____
_____	___ / ___ / ____	_____	_____	_____
_____	___ / ___ / ____	_____	_____	_____
_____	___ / ___ / ____	_____	_____	_____

PRIMARY RESIDENCE: _____
Street Address City State Zipcode

Home Phone #: (_____) _____ Cell #1: (_____) _____ Cell #2: (_____) _____

Personal Email #1: _____ Personal Email #2: _____

Work Email #1: _____ Work Email #2: _____

PROFESSIONAL INFORMATION

Professional Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Work # (____) _____ Years Employed: _____

Significant Other's Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Work # (____) _____ Years Employed: _____

Other Club Affiliates (Past & Present): _____

SPONSORSHIP

A member sponsor is required for membership.

Primary Member: _____

Secondary Member: _____

Please continue to reverse side...

FOR OFFICE USE ONLY

☐ Directory ☐ Website ☐ Locker ☐ Key Fob ☐ Newsletter

MAPLE BLUFF COUNTRY CLUB • 500 KENSINGTON DRIVE • MADISON, WI 53704 • PHONE: 608-249-2144 • FAX: 608-249-7060

MEMBERSHIP APPLICATION

BILLING INFORMATION

All members are automatically e-mailed monthly statements. If you'd prefer a different method, please indicate below.

□ Home Address □ Home Address & E-mail

Members have the option to participate in ACH or Credit Card Payments for their monthly statements. If you would like either of these options, please indicate below and our Membership Director will provide you with the proper paperwork. Your payments will be process on the 20th day (or next business day) of each month. Credit card processing will incur a 3% service charge per month.

□ ACH Payment □ Credit Card Payment

ACH INFORMATION

_____	_____	_____	____ Checking
Financial Institution	Routing Number	Account Number	____ Savings

CREDIT CARD INFORMATION

_____	_____	_____	_____
Type of Credit Card	Account Number	Expiration Date	3 Digit Code

_____	_____	_____
Member's Signature	Please Print Name	Member #

I/We, the undersigned, hereby apply for membership in Maple Bluff Country Club and agree, if accepted, to abide and comply with the Articles of Organization of the Club and it's By-laws, rules and regulations adopted from time to time. It is understood that if this application is not accepted, payments made by me/us are to be refunded.

I aknowledge that any photographs taken of my family and me at Maple Bluff Country Club may be used for promotional purposes. Uses may include, but are not limited to, posting photographs on the Maple Bluff Country Club website and in the newsletter, "On & Off the Fairway". Maple Bluff Country Club will be the rightful owner of these images.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____