



THE POLO FIELDS GOLF & C.C. MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Mr. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First Name:	MI:	Last Name:
Date of birth:		SSN:			Phone:	
Home address:						
City:		State:			ZIP Code:	
Home Phone:		Home E-mail:			Home Fax:	

EMPLOYMENT INFORMATION

Company Name:						
Business address:					Business type:	
City:		State:			ZIP Code:	
Bus. Phone:		Bus. E-mail::			Bus. Fax:	
Title:		Length of Employment:			Driver's license #:	

EMERGENCY CONTACT

Name of a relative not residing with you:						
Address:					Phone:	
City:		State:			ZIP Code:	
Relationship:						

SPOUSE INFORMATION *(IF APPLICABLE)*

Name:						
Date of birth:		SSN:			Phone:	

SPOUSE EMPLOYMENT INFORMATION

Current employer:						
Business address:					Business type	
City:		State:			ZIP Code:	
Bus. Phone:		Bus. E-mail:			Bus. Fax:	
Title:		Length of Employment:			Driver's license #:	

REFERENCES

Member Sponsor:		Member Number:			Phone:	
Personal Reference:		Address:			Phone:	
Personal Reference:		Address:			Phone:	

DEPENDENT INFORMATION

Name:	Date of birth:	Name:	Date of birth:
Name:	Date of birth:	Name:	Date of birth:

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment and to obtain such information the club deems necessary to extend credit to me under the membership account at the club.

Signature of applicant:		Date:
Signature of spouse <i>(only if for a joint membership):</i>		Date: