

RHINELANDER COUNTRY CLUB

P.O. BOX 307

RHINELANDER, WI 54501

info@rhinelandercountryclub.com

MEMBERSHIP APPLICATION

I hereby apply for:

<input type="checkbox"/> Equity Golf Membership	Family <input type="checkbox"/> Individual <input type="checkbox"/>
<input type="checkbox"/> Non-Equity Golf Membership	Family <input type="checkbox"/> Individual <input type="checkbox"/>
<input type="checkbox"/> INTRODUCTORY Golf Membership	Family <input type="checkbox"/> Individual <input type="checkbox"/>
<input type="checkbox"/> Social Membership	Married <input type="checkbox"/> Single <input type="checkbox"/>

PERSONAL & BUSINESS INFORMATION

Name _____

Date of Birth ___/___/___

Family Status: Married Single

Spouses Name _____

Date of Birth ___/___/___

Does Spouse desire to play Golf? _____

Names & Birthdates of children _____

Summer Address _____

Length of Residency in Area _____

Winter Address _____

Email Address _____

Telephone Number _____ Cell Phone Number _____

Business or Occupation _____

Company Name _____

Number of Years with the Company _____

Company Address _____

Company Contact _____ Company Phone Number _____

Other Club Affiliations (present & former) _____

Bank (present) _____

Bank (former) _____

DATE ___/___/___ SIGNATURE APPLICANT _____

DATE ___/___/___ SIGNATURE SPOUSE _____

DATE ___/___/___ MEMBER SPONSOR _____

Application Received Date ___/___/___

Application Approved Rejected Date: ___/___/___