

MEMBERSHIP APPLICATION

Complete and Return Form to rhinelandercountryclub@gmail.com or
Return to: Rhinelander Country Club, PO Box 307, Rhinelander, WI 54501

I HEREBY APPLY FOR:

EQUITY GOLF MEMBERSHIP

Family _____ Individual _____

INTRODUCTORY MEMBERSHIP

Family _____ Individual _____

SOCIAL MEMBERSHIP

Family _____ Individual _____

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 Company _____

Company Address

Company Contact

Company Phone Number _____

Other Club Affiliations (present & former)

Bank



DATE ___/___/___

Signature of Applicant

DATE ___/___/___

Signature of Spouse

DATE ___/___/___

Member Sponsor

Application Received Date ___/___/___

Approved ___ Rejected ___

Date: ___/___/___