

Approved by Board of Directors:

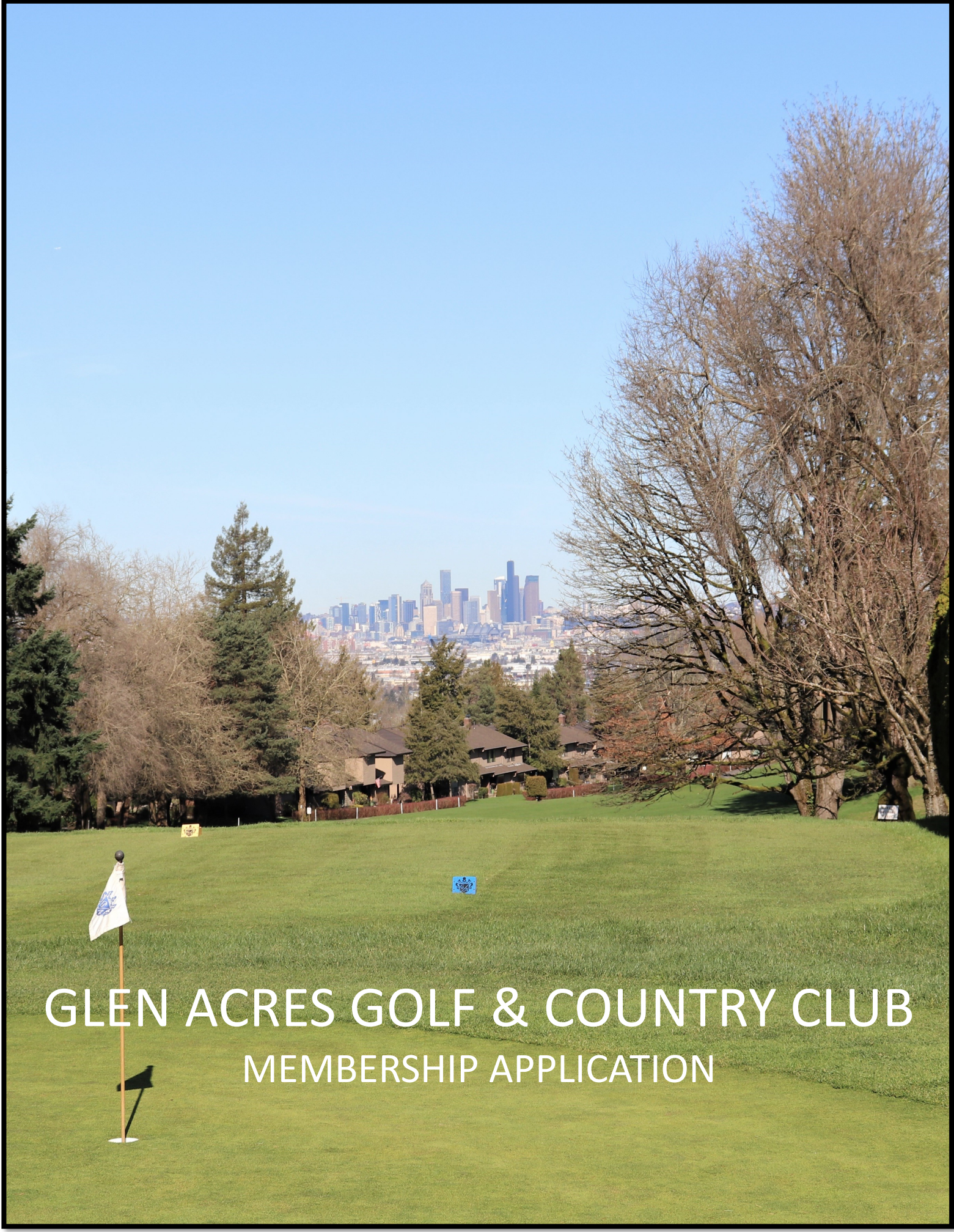
Membership Committee Chairman Signature

Date: _____

Board Secretary Signature

Date: _____

GLEN ACRES GOLF & COUNTRY CLUB
1000 SOUTH 112TH STREET, SEATTLE, WA 98168
206.244.1720 / www.glenacresgolf.com



GLEN ACRES GOLF & COUNTRY CLUB
MEMBERSHIP APPLICATION

MEMBERSHIP CLASSIFICATION

☐ Individual Golfing Membership (age 35+)

☐ Young Executive Golfing Membership (age 24-34)

☐ Couple Golfing Membership (age 35+)

☐ Young Executive Golfing Couple Membership (age 24-34)

☐ Family Golfing Membership (age 35+)

☐ Junior Golfing Membership (age 14-18)

☐ Collegiate Golfing Membership (19-23)

☐ Social (no golf)

PERSONAL

Name:_____

First

Initial

Last

D.O.B

Permanent Address:_____

Street

City

State

Zip Code

SSN:_____ Cell Phone:_____

Email Address:_____ Work Phone:_____

Spouse/Significant Other’s Name:_____

Spouse/Significant Cell Phone:_____ Spouse/Significant DOB:_____

Spouse/Significant Email:_____ Anniversary Date:_____

PROFESSIONAL BACKGROUND

Employer:_____ Position:_____

Business Address:_____

Street

Unit

City

State

Zip Code

Phone Number

Spouse/Significant Employer:_____ Position:_____

Business Address:_____

Street

Unit

City

State

Zip Code

Phone Number

CHILDREN (UNDER 21)

☐ Male ☐ Female

Name:_____

Birth Date:_____

☐ Male ☐ Female

Name:_____

Birth Date:_____

☐ Male ☐ Female

Name:_____

Birth Date:_____

☐ Male ☐ Female

Name:_____

Birth Date:_____

VETTING

Have you been a previous member at a country club? ☐ Yes ☐ No If yes, where?_____

What are the main reasons for wanting to join?_____

REFERRING MEMBER INFORMATION

Referring Member:_____ Years Known:_____

Please note: the referring member must be a current club member, in any classification, who referred you to the Club.

ACKNOWLEDGEMENTS & SIGNATURE

Candidate acknowledges that this application is subject up to 30 day review period. If approved for membership, applicant agrees to abide by GAG & CC Bylaws and Operational Rules as they are now or may be amended from time to time.

Candidate further acknowledges that payment of the one-time initiation fee is non-refundable and the amount of the initiation fee is subject to change at the Board’s discretion.

Candidate authorizes the release of all credit information requested by Glen Acres Golf and Country Club , and further understands that Glen Acres Golf and Country Club may access his/her credit report for the purposes of extending credit under this agreement.

I authorize the verification of the information provided on this form as to my credit and employment.

Candidate’s Signature:_____ Date:_____

Interest in Men or Women’s Division _____ GHIN Handicap _____

Start Date:_____ Joining Fee:_____ Vetting Approved _____