



# Traverse City Golf & Country Club

Updated 3/06

*Applicant, please complete and return with a digital family photo (club will take if needed)*

Applicant Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Membership:     Regular Golf     Junior Golf     Social     Social Organizational

## Residence Information

Address: \_\_\_\_\_ Years at this Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Employment Information

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Spouse Employment Information

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Dependent Information

*Please provide the names of all dependents living in the household who are under the age of 25 and eligible to use your membership:*

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Please provide the names of professional, charitable or other organizations of which you are now a member or have been a member, indicating the period of membership in each:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please provide the names of any private clubs of which you are now a member or have been a member, indicating the periods of membership in each:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

*Please provide two personal references other than your membership sponsors:*

Reference Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Reference Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

## Seasonal Address and Mailing Information

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Please indicate the dates you will be at this address: \_\_\_\_\_

Send billing information to this address:  Home  Office  Seasonal

Send notices and newsletter to this address:  Home  Office  Seasonal

## To be completed by sponsor:

I have known this nominee for \_\_\_\_\_ years. Our relationship has been:  Professional  Social

Signature \_\_\_\_\_ Member No. \_\_\_\_\_ Date \_\_\_\_\_

## To be completed by second sponsor:

I have known this nominee for \_\_\_\_\_ years. Our relationship has been:  Professional  Social

Signature \_\_\_\_\_ Member No. \_\_\_\_\_ Date \_\_\_\_\_

## Membership Agreement

*Upon approval of membership, I hereby agree to abide by the rules, regulations and bylaws of the Traverse City Golf & Country Club as those documents are amended from time to time.*

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Club Use Only

Date Application Received: \_\_\_\_\_

Date Posted to Membership: \_\_\_\_\_

Membership Committee Vote: \_\_\_\_\_

Received By: \_\_\_\_\_

Posting Completion Date: \_\_\_\_\_

Board of Directors Vote: \_\_\_\_\_

*Please complete and submit to: Traverse City Golf & Country Club, Attn: Jennifer Tremble*

*1725 South Union Street, Traverse City, MI 49684, or fax to: (231) 947-9130.*

*Photos can be emailed to [jennifer@tcgcc.com](mailto:jennifer@tcgcc.com)*