

Laurel Golf Club



MEMBERSHIP TRANSFER APPLICATION

PERSONAL INFORMATION

NAME(S) _____

PUBLISHED IN LAUREL GOLF CLUB DIRECTORY

ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE _____ MOBILE PHONE _____

PLEASE CHECK ONE: SINGLE MARRIED

DEPENDENT CHILDREN

NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____

BUSINESS INFORMATION

RETIRED

NAME OF COMPANY _____ TITLE _____

BUSINESS ADDRESS _____
STREET CITY STATE ZIP

BUSINESS PHONE _____ YEARS IN PRESENT EMPLOYMENT _____

SPOUSE'S OCCUPATION _____ RETIRED

NAME OF COMPANY _____ TITLE _____

BUSINESS ADDRESS _____
STREET CITY STATE ZIP

BUSINESS PHONE _____ YEARS IN PRESENT EMPLOYMENT _____

OTHER INFORMATION

ARE YOU INTERESTED IN HANDICAPS? YES _____ NO _____ IF YES, FOR WHO _____

ARE YOU INTERESTED IN THE HOLE IN 1 CLUB? YES _____ NO _____ IF YES, FOR WHO _____

ARE YOU INTERESTED IN RENTING A LOCKER? YES _____ NO _____ IF YES, FOR WHO _____

HOW WOULD YOU LIKE TO RECEIVE YOUR MONTHLY STATEMENT & NEWSLETTER? MAIL EMAIL

IF YOU SELECTED E-MAIL, WHAT E-MAIL ADDRESS WOULD YOU PREFER? _____

IF YOU WOULD LIKE TO MAKE CHANGES TO THIS INFORMATION AT ANYTIME PLEASE CONTACT THE OFFICE.

TRANSFER FROM

NAME _____ MEMBERSHIP # _____

ANNUAL DUES PAID - YES _____ NO _____ ASSESSMENTS PAID - YES _____ NO _____

WHO WILL BE PAYING THE TRANSFER FEE? _____

SELLING PRICE? _____

PREVIOUS MEMBERSHIP

HAVE YOU EVER BEEN A MEMBER OF THE LAUREL GOLF CLUB? YES _____ NO _____

REFERENCE INFORMATION

I AM ACQUAINTED WITH THE FOLLOWING LAUREL GOLF CLUB MEMBERS:

NAME _____ FOR _____ YEARS.

NAME _____ FOR _____ YEARS.

WHY DID YOU SELECT THE LAUREL GOLF CLUB? _____

AUTHORIZATION

By signing this application for membership at Laurel Golf Club, I hereby authorize Laurel Golf Club, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the By Laws and Rules and Regulations of the Laurel Golf Club in the present form or as may be amended.

In the event I default on my account, I acknowledge and agree I will also be responsible for all 3rd party collection fees, legal fees, and court costs.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing the Laurel Golf Club.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____

Temporary golfing privileges will be allowed for 30 days until the transfer is approved by the Board of Directors.

All information will be kept in confidence.