

RHINELANDER COUNTRY CLUB

P.O. BOX 307

RHINELANDER, WI 54501

info@rhinelandercountryclub.com

MEMBERSHIP APPLICATION

I hereby apply for:

Equity Golf Membership Family Individual
 INTRODUCTORY Golf Membership Family Individual
 Social Membership Married Single

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: ___/___/_____