

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 _____
Social Security Number _____
Major Credit Card Number _____

DATE ___/___/_____ SIGNATURE APPLICANT _____
DATE ___/___/_____ SIGNATURE SPOUSE _____
DATE ___/___/_____ MEMBER SPONSOR _____

Application Received Date ___/___/_____
Application Approved Rejected Date: ___/___/_____