MONMOUTH COUNTRY CLUB APPLICATION FOR MEMBERSHIP

Name	Spouse			
DOB	DOB			
Dependent Children:				
Home Address	City	, State, Zip		
Place of Employment				
Email PhoneCell Provider	Alt. Email			
PhoneCell Provider	Phone	Cell Prov	/ider	-
I hereby apply for membership to the MC per my choice of payment options as set (January - December) or any fraction the	t by the Board of Di	rectors. Members	ships by the calend	dar year
Check the category in which you wish to				
Family	Couple		Single	
Family Out of Area (OOA) Social	Single Out of Ar	ea (OOA)	Weekend pass	s (course only)
automatic monthly bill pay is prearranged beginning April 1st on a monthly basis. Consist entitled to one vote at the annual meet 3. Members may choose their mem members, who have not reached the age college, university or other trade/technicate enjoy the same privileges of the club as members will not benefit from club members will not benefit from club members. RESIGNATIONS: 1. The resignation of a member must consider the resignation of a member prior the same prior the resignation of a member prior the same prior the sa	Dutstanding accourting or any called material bership category. The of 24 and who live all school or adult called their parents' classibership and may obstate the made in writing the writing the made in writing the writing the made in writing the wri	nts will be denied oneetings of the me The unmarried chi e with the membe hildren living at ho of membership h otain their own de	club privileges. Ea embership. Idren of FAMILY or r (including childre ome with special n owever nonreside sired level of mem	ch membership or SINGLE en attending eeds) shall nt children of abership.
the obligation to pay the remainder of an		•		
SIGN_ SPONSOR		Date		
SPONSOR		Date		
Membership Approved by Board of Direc				
Membership is by calendar year (Januar Please check the method of payment for One annual payment	Associate Membe	rship dues:		