

Segregansett Country Club

85 Gulliver Street, Taunton, MA 02780

Email: segregansett@comcast.net Web site: segregansett.com

Club House 508-824-9110 fax 508-821-3869 Pro Shop 508-824-9144

Date Received: ___/___/___ Member # _____ New Member _____ Returning Member _____

To the Board of Governors of Segregansett CC I desire to make an application for one of following:

Single Golf Single Catch 22~7/2016-6/30/2018

Family Golf Family Catch 22~7/2016-6/30/2018

Corporate Golf

Young Adult - *Date of Birth* _____ Social Golf Social Dine Non Resident

Junior Golf - *Date of Birth* _____ *adult signature required*

Name: _____

Address: _____

Email: _____ Phone: _____ C/H

SIGNATURE _____

Employer/Business: _____ Occupation _____

(Junior: Parent Information)

Address: _____

Employer Telephone: _____ Employer Email: _____

Education: _____

Member or Recent Member of Following Clubs: (Golf, Social, or Fraternal)

_____ GHIN# _____

If you resigned from the above club, please indicate date: ___/___/___

Proposed by: _____ & _____

Signature

Print name

Seconded by: _____ & _____

Signature

Print name

Proposers Note: Please include on the reverse side of the application any additional information which will aid the membership committee in arriving at a decision. APPLICANTS for **Family Membership** and **Corporate Membership** are also required to furnish information with respect to the persons who will be part of the membership on the reverse side. A Driver's license copy for each member is required.

| <i>Family Name(s)</i> | Relationship | Date of Birth (if a minor) |
|-----------------------|--------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

APPLICANTS for **Corporate Membership** are required to furnish information with respect to the persons who will be in their Corporate Membership: Copies of Driver's Licenses are required

| | |
|---------------|-----------------------|
| Name _____ | Corporate Title _____ |
| Address _____ | Phone _____ |
| Name _____ | Corporate Title _____ |
| Address _____ | Phone _____ |
| Name _____ | Corporate Title _____ |
| Address _____ | Phone _____ |
| Name _____ | Corporate Title _____ |
| Address _____ | Phone _____ |

The membership, as represented by the Board of Governors, reserves the right to revoke or reject membership after a trail period of one year. Incomplete applications will not be accepted by the Board for consideration.

Comments (Proposer/Seconded):

Office Use Only

Locker No.: _____ Payment: _____ Payment Plan _____ Deposit _____

Statement: Mail / Web Site Locker Room Access Card: Yes / No ***SINGLE FULL - VOTING COMMENTS***