

Application for Membership

Member Name (Please Print): _____
Social Security Number: _____
Phone Number: _____
Current Residence Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Employer: _____
Email Address: _____

Spouse Information: Spouse/Significant Other must reside in the same household full time.

Spouse Name: _____
Social Security Number: _____
Employer: _____
Email Address: _____

Dependent Information: Must be enrolled in school and residing in the same household full time. If guardians are divorced, school enrolled children do not have to reside in the same household full time.

Name (under 21)	DOB	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Membership

Regular	Social	Corp.	Non-Resident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Corporate, Name of Company to be billed: _____

Regular- \$225.00 per month. All privileges that the club offers are included.

Social- \$112.50 per month. Clubhouse and Pool privileges only.

Corp. - Will need to specify Regular or Social

Non- Resident- \$112.50 per month. Must provide proof of current membership at home course.

All privileges that the club offers are included.

Will you need a cart shed? YES NO
 (Cost of a cart shed is \$60.00 per month)

I agree to pay my membership dues promptly each month as long as I am a member of this club. I understand I will be billed monthly. I also understand that my monthly dues are the only source of income for this club. Further, if I have the need to withdraw my membership I will do so in writing to Malvern Country Club, Inc. prior to the month end I wish to resign. I also understand that upon withdrawing, I will not be allowed to regain my membership within 12 months without paying all dues that would have been owed during that 12 month period. Further, any outstanding debts to the MCCI must be paid at the time of my resignation.

Monthly Total Due: _____

Signature _____ Spouse Signature _____ Date _____

Membership Committee Use Only

Approved Disapproved

Signed: _____ Date: _____
 Signed: _____ Date: _____