

# STOCKTON GOLF & COUNTRY CLUB

## APPLICATION FOR MEMBERSHIP

Date \_\_\_\_\_ Type of Membership \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Present Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Business \_\_\_\_\_ *(If retired, occupation before retirement)*

Type of Business \_\_\_\_\_ Position \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Spouse's Business \_\_\_\_\_ *(If retired, occupation before retirement)*

Type of Business \_\_\_\_\_ Position \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Spouse's E-mail Address \_\_\_\_\_

### Schools Attended:

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

College or University \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Post-Graduate Study \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Degrees Obtained \_\_\_\_\_

### Children:

Name	Date of Birth	Address <i>(if different than above)</i>
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Please list the names of all other Country Clubs of which you are/were a member and the dates of membership:

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Please list all other social, civic or community associations of which you are/were a member:

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Please list all relatives who are presently members at SGCC and state relationship:

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References: Please list Club members you know in addition to sponsors:

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Why do you want to become a member of Stockton Golf & Country Club?

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Please indicate on which committees you would be willing to serve:

- Membership: promotes and approves Club membership
- Finance: maintains the financial policy of the Club
- House: maintains policies for the Clubhouse, pool, and dining room
- Greens: establishes and implements policies for the grounds and golf course
- Entertainment: organizes Clubhouse activities and celebrations
- Long-Range Planning: determines capital improvements to the Club
- Golf: establishes and implements policies involving golf play

Please indicate the Club activities or programs in which you would be interested in participating:

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|--|--|
| <input type="checkbox"/> Golf                | <input type="checkbox"/> Dining              |
| <input type="checkbox"/> Private Parties     | <input type="checkbox"/> Couples' Activities |
| <input type="checkbox"/> Meeting Facilities  | <input type="checkbox"/> Family Activities   |
| <input type="checkbox"/> Children's Programs | <input type="checkbox"/> Swim Team           |
| <input type="checkbox"/> Swim Lessons        | <input type="checkbox"/> Pool Facilities     |
| <input type="checkbox"/> Day Trips           | <input type="checkbox"/> Cooking Classes     |

Do you have hobbies and interests outside the Club?

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Regular Membership Applicants:

Handicap \_\_\_\_\_ Spouse's Handicap \_\_\_\_\_

NCGA # \_\_\_\_\_ Spouse's NCGA # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Credit Card Type \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

*(In the event that any amounts owed to the Club are not paid on a timely basis, I authorize the Club to charge my credit card for the amount owed.)*

Proposed By Signature \_\_\_\_\_

Seconded By Signature \_\_\_\_\_

*(Must be Regular Members not serving on the Board of Directors)*

