

Fort Washington Golf and Country Club

The following questionnaire must be filled out completely by the applicant before it can be processed.

Full Name _____ E-Mail _____

Age _____ Date of Birth _____ Cell Phone _____

Residence Address _____ City _____ State _____ Zip _____ Telephone _____

Business Address _____ City _____ State _____ Zip _____ Telephone _____

I have resided in the Fresno Area for _____ years, before that in _____ for _____ years.

Occupation or business (last three, most recent first):

Employer	Address	Business Type	Position	Years
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Send statements via: Mail E-mail
 Send statements to: Home Business

I am : Single Married

Spouse's Name _____ Is spouse a golfer? Yes No

Spouse's Birthdate _____ Spouse's E-mail _____

Children (names and ages): Spouse's Cellphone # _____

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Please give three references (not relatives and not members of Fort Washington Golf and Country Club):

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

Please give names of members of this Club (at least two) to whom you are personally known and who are not included on the reverse side of this form.

In what golf clubs, lodges, or societies have you been, or are you now, a member?

Name of Organization _____ Address _____

Name of Organization _____ Address _____

Name of Organization _____ Address _____

Fort Washington Golf and Country Club

Type of Affiliation: (Please Check One)

- | | |
|---|---|
| <input type="checkbox"/> Regular | <input type="checkbox"/> Regular – Firm |
| <input type="checkbox"/> Installment Plan – Regular | <input type="checkbox"/> Installment Plan – Firm |
| <input type="checkbox"/> Young Business Person | <input type="checkbox"/> Spousal Playing Privileges |
| <input type="checkbox"/> Social | <input type="checkbox"/> Junior Playing Privileges |
| <input type="checkbox"/> Social – Firm | <input type="checkbox"/> Associate – Firm |
| <input type="checkbox"/> Non Resident PP | <input type="checkbox"/> JPP Legacy |

I hereby apply for membership with Fort Washington Golf and Country Club as a _____ member.

I fully understand that only Regular and Regular–Firm members hold all accredited club privileges. Other type of membership have certain restrictions as noted in the By-Laws and Club Rules. Included among them are: Installment Payment Plan members cannot vote or hold office until all initiation fees are paid in full. Young Business Person members cannot vote or hold office until such time as they convert to Regular membership. Spousal Playing Privilege members cannot vote or hold office. Social members cannot vote or hold office. There are no golf course privileges for Social members except as prescribed in the By-Laws. Only Regular and Regular–Firm members may transfer memberships back to the club upon resigning.

I agree to be bound by all of the Club’s present and future By-Laws and Club Rules, and by action of its Board of Directors taken under such By-Laws and Club Rules. I warrant the truth of my answers on this application.

Applicant’s Signature _____ Date _____

Proposed by _____ Member Number _____

Signature of Regular or Regular–Firm Proprietary Member _____ Date _____

Proposed by _____ Member Number _____

Signature of Regular or Regular–Firm Proprietary Member _____ Date _____

PROPOSER AND SECONDER *MUST PERSONALLY SIGN* THIS APPLICATION. THEY MUST BE REGULAR OR REGULAR–FIRM MEMBERS IN GOOD STANDING AND *NOT LISTED ON THE FRONT OF THIS FORM.*

A check for \$ _____ must accompany this application to cover the
 Initiation fee \$ _____ and the first month’s dues \$ _____

A Credit Report may be required for the final stage to membership.

Date Received: