

## Membership Desired

\_\_\_\_\_ Stockholding \_\_\_\_\_ Sporting \_\_\_\_\_ Non-Resident  
\_\_\_\_\_ Junior (Ages 21-39) \_\_\_\_\_ Dining \*outside Potter/Randall County  
\_\_\_\_\_ Corporate Membership \_\_\_\_\_ Pool/Dining/Fitness \_\_\_\_\_ Weekday Only Golf

## Personal Information

Primary Applicant Name \_\_\_\_\_

\*account will be listed in this name for billing and name will appear when member number is used

Home Address \_\_\_\_\_  
Street City State Zip

Length of Time at Current Address \_\_\_\_\_ SSN \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Email Address \_\_\_\_\_

Spouse Name \_\_\_\_\_ Spouse SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_

Spouse Email \_\_\_\_\_

Anniversary Date \_\_\_\_\_

### Dependant Information

Name	Date of Birth	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

## Business Information

Name of Company \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Business Telephone \_\_\_\_\_ Length of Employment \_\_\_\_\_

## Statement and Bulletin Preference

Do you prefer your statements/Bulletins emailed or mailed? please circle one

Statement	Email _____	Mail (\$3)	Home	or	Business
Bulletin	Email _____	Free	Home	or	Business

Which address do you prefer to be listed in our Membership Directory? Home or Business

## Areas of Interest

Please indicate your interest in the following activities of the Club:

\_\_\_\_\_ Golf \_\_\_\_\_ Tennis \_\_\_\_\_ Pool \_\_\_\_\_ Bridge \_\_\_\_\_ Fitness

Which activities are your spouse and/or children primarily interested in:

\_\_\_\_\_ Golf \_\_\_\_\_ Tennis \_\_\_\_\_ Pool \_\_\_\_\_ Bridge \_\_\_\_\_ Fitness

## Direct Draft Information

\*Direct Draft is mandatory for all memberships

Bank Draft Initiated on 12th of Each Month

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Transit and Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_

## Reference Information

Please list any club, fraternity or organization membership and position held

Please list (3) professional references, preferably Amarillo Country Club Members, to whom you are not related:

Name	Business Phone	Years Acquainted
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Sponsor Information

I am a stockholder of the club, and I accept the responsibility of furnishing information requested for consideration in connections with the proposal and of seeing that the person proposed is known personally by two or more members of the Board of Directors.

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

## Authorization

By signing this application for membership at Amarillo Country Club, I hereby authorize Amarillo Country Club, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations.

I represent to the Board of Directors of the club that everything stated in this application is correct to the best of my knowledge. If my application for membership is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of Amarillo Country Club in the present form or as may be amended.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members or guests who will be utilizing Amarillo Country Club.

In consideration of my acceptance as a member of the club, if so approved by the Board of Directors, I hereby authorize the club to use Direct Draft upon the above referenced bank account to pay any amounts that I may owe the club from time to time.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Membership Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Director \_\_\_\_\_