



MEMBERSHIP AGREEMENT AND APPLICATION

NAME _____ DATE OF BIRTH _____

RESIDENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE HOME _____ BUSINESS _____ LAKE _____

BILLING ADDRESS _____

BUSINESS, OCCUPATION OR PROFESSION _____ TITLE _____

BUSINESS ADDRESS _____

BANK OR CRFEDIT REFERENCES 1) _____

2) _____

3) _____

FAMILY MEMBERS RESIDING WITH & DEPENDENT UPON ME AUTHORIZED TO USE MEMBERSHIP
NAME _____ RELATIONSHIP _____ DATE OF BIRTH _____

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NAME _____ RELATIONSHIP _____ DATE OF BIRTH _____

NAME _____ RELATIONSHIP _____ DATE OF BIRTH _____

If I shall become a member of the Coves Golf Club, Inc., I agree to comply with and observe the by-laws, rules and regulations of the club, and agree that membership in the club shall be subject to all such by-laws, rules and regulations now in force and those which may be legally adopted.

AMOUNT RECEIVED _____ SIGNATURE _____

AMOUNT TO BE BILLED _____ DATE _____

ANNUAL RENEWABLE DATE _____ ACCEPTED THIS _____ DAY OF _____, 20 _____

BY: _____

COVES GOLF CLUB, INC.

OFFICE USE

R _____
NR _____
C _____

SPECIAL _____