

# Spanish Wells

GOLF AND COUNTRY CLUB



## MEMBERSHIP APPLICATION

- FULL GOLF FAMILY     FULL GOLF INDIVIDUAL     SPORTS & SOCIAL     SOCIAL     PRACTICE & PLAY  
 SPOUSE SOCIAL INCLUDED WITH INDIVIDUAL GOLF

### APPLICANT'S INFORMATION

Name \_\_\_\_\_

Local Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Alternate Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

Last 4 of Social Security # \_\_\_\_\_ Citizenship \_\_\_\_\_

Married \_\_\_\_\_ Widower \_\_\_\_\_ Widow \_\_\_\_\_ Single \_\_\_\_\_

Golf Handicap \_\_\_\_\_ at \_\_\_\_\_

Hobbies and Special Interests: \_\_\_\_\_  
\_\_\_\_\_

Schools/Colleges with degrees and dates: \_\_\_\_\_  
\_\_\_\_\_

Business Name and Address (former business if retired): \_\_\_\_\_  
\_\_\_\_\_

Nature of business and/or occupation: \_\_\_\_\_

Title and/or position: \_\_\_\_\_

Number of years in present employment: \_\_\_\_\_

Have you been convicted of a felony in the past 10 years or a misdemeanor in the last 5 years? \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

**CO-APPLICANT'S INFORMATION**

Name \_\_\_\_\_

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

Last 4 of Social Security # \_\_\_\_\_ Citizenship \_\_\_\_\_

Married \_\_\_\_\_ Widower \_\_\_\_\_ Widow \_\_\_\_\_ Single \_\_\_\_\_

Golf Handicap \_\_\_\_\_ at \_\_\_\_\_

Hobbies and Special Interests: \_\_\_\_\_

\_\_\_\_\_

Schools/Colleges with degrees and dates: \_\_\_\_\_

\_\_\_\_\_

Business Name and Address (former business if retired): \_\_\_\_\_

\_\_\_\_\_

Nature of business and/or occupation: \_\_\_\_\_

Title and/or position: \_\_\_\_\_

Number of years in present employment: \_\_\_\_\_

Have you been convicted of a felony in the past 10 years or a misdemeanor in the last 5 years? \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

**CHILDREN'S FULL NAMES AND DATE OF BIRTH**

Name	Date of Birth	Married /Single
_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	<input type="checkbox"/> <input type="checkbox"/>

**MAILING PREFERENCE**

Monthly statements are available on the Club’s website under the Member Only sign in.

Mailing correspondence should be mailed to:

Local Address \_\_\_\_\_ Other Address \_\_\_\_\_ Business Address \_\_\_\_\_

**CURRENT AND PREVIOUS COUNTRY CLUB AFFILIATIONS**

Have you ever been suspended, expelled or asked to resign from any club? \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

1. **Approval for Membership.** I understand that this application will not be acted upon unless fully completed, signed and accompanied by the required Membership Purchase Agreement and Membership contribution. Membership is contingent upon approval of this Application.
2. **Verification of Application.** By signing this application, I authorize the disclosure and release of information to Spanish Wells Golf and Country Club, Inc., (the “Club”) and Spanish Wells Golf Course, LLC (the “LLC”) for investigating my suitability for membership, including without limitation, my credit history and law enforcement records and shall hold the Club and the LLC harmless from any and all such acts.
3. Attached to this application for membership is **EXHIBIT “A” THE PRIVACY DISCLOSURE STATEMENT** provided by the Club and its affiliates in compliance with the Tramm Leach Bliley Act (the “STATEMENT”). The applicant hereby acknowledges receipt of a copy of the statement..

Applicant’s Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant’s Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Date: \_\_\_\_\_