

Minot Country Club

**Golf Minot Inc. dba**

**The Minot Country Club**

**Ph: 701-852-3591/ Email: minotcountryclub@gmail.com**

2015 Corporate Sponsorship Application

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_

Spouse’s Name/Significant other (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_ /\_\_\_\_ /\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Business Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Choose One:**

\_\_\_\_\_Corporate Legacy Sponsorship Level #1 (please fill out another sheet for 2nd Member)

\_\_\_\_\_Corporate Legacy Sponsorship Level #2

\_\_\_\_\_Social Legacy Corporate Sponsorship

**Payment:** Check # \_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_ Make checks payable to Golf Minot Inc.

VISA / MC / DISC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP\_\_\_\_\_\_\_\_\_\_

Mail Application and Payment to: PO BOX 879 / Minot, ND 58702

If accepted as a member of Golf Minot Inc. DBA Minot Country Club, A North Dakota Non-Profit Corporation, I agree to conform to all the rules and regulations and to pay all fees as set by the Board of Directors as per the corporation by-laws. I further agree to pay my membership fee and dues in accordance with the options on this application and to pay all charges made by me or my family promptly when due. If members are not current 60 days from billing date, their charges and play are automatically suspended; 90 days from billing date, their membership is terminated. Any exception must be granted by appeal to the executive board only.

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your application. You will receive notification whether your

application is accepted in 10-12 business days.