

# 2023 MEMBERSHIP APPLICATION

PLEASE FILL OUT COMPLETELY  
AND RETURN TO THE  
HANNIBAL COUNTRY CLUB OFFICE



APPLICANT NAME \_\_\_\_\_ AGE \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ # OF YEARS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Yes, sign me up to receive recurring text messages that include updates from Hannibal Country Club. Message and data rates may apply. Reply STOP to opt out or HELP for help.

APPLICANT EMPLOYER

\_\_\_\_\_

APPLICANT POSITION

\_\_\_\_\_

YEARS EMPLOYED

\_\_\_\_\_

CHILDREN'S NAMES

\_\_\_\_\_

AGE \_\_\_\_\_

\_\_\_\_\_

AGE \_\_\_\_\_

\_\_\_\_\_

AGE \_\_\_\_\_

SPOUSE EMPLOYER

\_\_\_\_\_

SPOUSE POSITION

\_\_\_\_\_

YEARS EMPLOYED

\_\_\_\_\_

MEMBERSHIP APPLYING FOR:

- |                                    |                                 |                                   |   |
|------------------------------------|---------------------------------|-----------------------------------|---|
| <input type="checkbox"/> REGULAR   | <input type="checkbox"/> SINGLE | <input type="checkbox"/> FAMILY   | <input type="checkbox"/> CORPORATE ASSOCIATE  |
| <input type="checkbox"/> SENIOR    | <input type="checkbox"/> SINGLE | <input type="checkbox"/> FAMILY   | <input type="checkbox"/> NON RESIDENT         |
| <input type="checkbox"/> JUNIOR    | <input type="checkbox"/> SINGLE | <input type="checkbox"/> FAMILY   | <input type="checkbox"/> POOL ONLY            |
| <input type="checkbox"/> SOCIAL    | <input type="checkbox"/> SINGLE | <input type="checkbox"/> FAMILY   | <input type="checkbox"/> 1/2 OFF PRIVATE CLUB |
| <input type="checkbox"/> GOLF ONLY | <input type="checkbox"/> SINGLE | <input type="checkbox"/> FAMILY   | <input type="checkbox"/> SECOND MEMBERSHIP    |
| <input type="checkbox"/> CORPORATE | <input type="checkbox"/> GOLD   | <input type="checkbox"/> STERLING |   |

I hereby formally apply for membership to the Hannibal Country Club and agree to pay properly all bills and assessments within 30 days of receipt of my monthly statement

APPLICANT SIGNATURE

DATE