



# Application for Membership

YOUR SEARCH IS OVER





## Desired Membership Classification

o Senior (Ages 46 & Above)   o Associate (Ages 40-45)   o Intermediate (Ages 30-39)   o Young (Ages 19-29)

## Membership Household Type

- Family
- Single

## Membership Access Level

- Golf Access
- Non-Golf Access

## Applicant Information

Name \_\_\_\_\_  
Title First MI Last

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

Seasonal Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Mobile Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation and/or Nature of Business or Profession o Retired

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

Business Email Address Business Phone Number

☐ Single    ☐ Married    ☐ Significant Other    ☐ Widowed    Anniversary Date

## Spouse/Significant Other Information

Name \_\_\_\_\_

Title	First	MI	Last
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Primary Email Address

Mobile Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation and/or Nature of Business or Profession o Retired

Name of Company	Title
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Business Email Address Business Phone Number

## Sports Information

Please check activities you will be participating in with an "X" and an "O" for those who may wish to participate in.

Golf ☐ Me ☐ Spouse/SO ☐ Children Tennis ☐ Me ☐ Spouse/SO ☐ Children

Racquet Sports   ☐ Me   ☐ Spouse/SO   ☐ Children   Boating/Fishing   ☐ Me   ☐ Spouse/SO   ☐ Children

Swimming ☐ Me ☐ Spouse/SO ☐ Children X-Country Skiing ☐ Me ☐ Spouse/SO ☐ Children

## Dependent Information

Please list any children ages 22 and under eligible to use club facilities. \*Proof of age may be required.

1. Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Email Address \_\_\_\_\_ Charge Privileges ☐ Yes ☐ No
2. Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Email Address \_\_\_\_\_ Charge Privileges ☐ Yes ☐ No
3. Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Email Address \_\_\_\_\_ Charge Privileges ☐ Yes ☐ No
4. Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Email Address \_\_\_\_\_ Charge Privileges ☐ Yes ☐ No

## Clubs and Organizations

1. Name \_\_\_\_\_ City \_\_\_\_\_  
Type (Golf, Social, etc.) \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ ☐ Current Member
2. Name \_\_\_\_\_ City \_\_\_\_\_  
Type (Golf, Social, etc.) \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ ☐ Current Member

## Sponsor/Seconder Information

Membership in the Country Club of Pittsfield is by invitation. Please identify below the three members known to you.

1. Sponsor \_\_\_\_\_ Member # \_\_\_\_\_ Years Known \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_
2. Seconder \_\_\_\_\_ Member # \_\_\_\_\_ Years Known \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_
3. Seconder \_\_\_\_\_ Member # \_\_\_\_\_ Years Known \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Agreement and Authorization

Return this completed nomination form with a check for initiation fee to your sponsor. The sponsor will attach his/her letter and the letters of the two seconders for submission to the Membership Committee.

By signing below, all parties listed on this application for membership agree to abide by the Bylaws, Rules and Policies as they exist and may be changed in the future.

By signing below, I give permission for my information to be shared on the member directory.

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

Signature of Spouse/Significant Other \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Date Posted: \_\_\_\_\_ Date Interviewed: \_\_\_\_\_

Date Elected: \_\_\_\_\_ Member Number: \_\_\_\_\_



### Country Club of Pittsfield

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