



Nomination Form

Membership Desired (Please check one)

If you are checking "All Facilities", please choose an alternate type of membership, i.e. social or tennis and if there is a waiting list you will be placed on the "priority waiting list" for all facilities.

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Junior | <input type="checkbox"/> Intermediate Family | <input type="checkbox"/> All Facilities | <input type="checkbox"/> Corporate Social |
| <input type="checkbox"/> Young Family | <input type="checkbox"/> Intermediate Single | <input type="checkbox"/> Tennis (All Facilities Except Golf) | <input type="checkbox"/> Corporate (All Facilities Except Golf) |
| <input type="checkbox"/> Young Single | <input type="checkbox"/> Senior Family | <input type="checkbox"/> Social (Lake & Clubhouse Only) | <input type="checkbox"/> Corporate (All Facilities) |
| | <input type="checkbox"/> Senior Single | | |

Members Known to Nominee

(Sponsors and seconders writing letters of recommendation must have been members for at least two years and may not be from the same household. Please identify below the three members known to you.)

Sponsor: _____ Date of Membership: _____

Secunder: _____ Date of Membership: _____

Secunder: _____ Date of Membership: _____

Sports Information

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

	Self	Spouse	Children
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paddle Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming/Boating/Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-Country Skiing/Sledding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Directors Known to Nominee

_____ & _____

Return this completed nomination form with 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.

Nominee's Signature _____ Date _____

Spouse's Signature _____ Date _____



Nomination Form

General Information

Nominee's Name: _____
First Middle Last

Residential Address: _____
Street City State Zip

Residential Phone: _____

Seasonal Address: _____
Street City State Zip

Seasonal Phone: _____

*Date of Birth: _____ E-mail: _____

Registered to Vote: _____ Auto Registered: _____
City State City State

Occupation: _____ Business Name: _____

Business Address: _____
Street City State Zip

Business Phone: _____

Are you or have you ever been a member of another Club? _____

Name & Address of Club: _____

Family Information

Spouse: _____
First Middle Last

*Date of Birth: _____ E-mail: _____

Occupation: _____

Business Name: _____

Business Address: _____
Street City State Zip

Work #: _____

Children:
Name: _____ Date of Birth _____ Name: _____ Date of Birth _____

Name: _____ Date of Birth _____ Name: _____ Date of Birth _____

* Proof of age required - copies are accepted