

MEMBERSHIP APPLICATION

NAME _____ Date of Birth _____

Home Address _____ City _____ State _____

Township _____ County _____ Zip _____

Home Phone# _____ Employer _____ Phone# _____

Spouses Name _____ Date of Birth _____

Type of Membership:

Social _____ Social and Golf _____ /Single _____ Family _____ College _____

Young Adult 19-29 ___ Adult 30-35 ___ Active 36+ ___ Over 80 ___ Non Res ___

Name and date of birth of children who may use membership charge:

This application must be mailed or delivered to the LCC Office. A check covering the application dues and fees must accompany this application. Dues may be paid in full or over a 12 month period beginning in January. Membership year is January thru December.

Proposed by _____ Signature _____

Proposed by _____ Signature _____

Upon acceptance of membership in LCC, I affirm that I will abide by the Bylaws of the Club and the rules and regulations that are passed by the duly constituted Governance of the Club; and accept it as my sole responsibility to remain informed of such Bylaws and Rules and Regulations. Any request for change in membership status after initial acceptance must be submitted in writing to the President, Board of Directors, at the Lewistown Country Club.

APPLICANT SIGNATURE _____ DATE _____

Date of Election _____ Approval (Y/N) _____ Credit (Y/N) _____

Amount of check w/application _____ Membership # _____