



Country Club of New Bedford
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OFFICE USE	
Application Received On _____	By _____
Application Fee Rec'd \$ _____	ck# _____
Approval to Post _____	Date _____

MEMBERSHIP APPLICATION

PLEASE PRINT

DATE OF APPLICATION _____

NAME IN FULL: _____ SOCIAL SECURITY NUMBER: _____

CLASS OF MEMBERSHIP DESIRED (SEE ATTACHED MEMBER BENEFITS & CLASSIFICATION) _____

DATE OF BIRTH _____ BIRTHPLACE _____ U.S. CITIZEN? _____

MARITAL STATUS _____ SPOUSE'S NAME _____

SPOUSE'S DATE OF BIRTH _____ BIRTHPLACE _____

CHILDREN OF APPLICANT SEEKING PRIVILEGES UNDER GOLFING MEMBER PLUS AND FAMILY CATEGORY
LIST NAMES AND BIRTHDATES OF EACH CHILD.

1. _____
2. _____
3. _____

E-MAIL ADDRESS _____ PHONE NUMBER: _____

SPOUSE E-MAIL _____ PHONE NUMBER: _____

	PRIMARY	SEASONAL	MAILING
STREET:	_____	_____	_____
CITY:	_____	_____	_____
ZIP CODE:	_____	_____	_____

NAME/ADDRESS OF BUSINESS: _____

POSITION/TITLE: _____ HOW LONG WITH BUSINESS: _____

PRIOR EMPLOYER AND ADDRESS: _____

MEMBERSHIP IN OTHER CLUBS, OVER THE PAST FIVE YEARS (GIVE NAMES, ADDRESSES AND DATES)

REFERENCES (AT LEAST THREE - OTHER THAN MEMBERS) FOR MEMBERSHIP COMMITTEE TO CONTACT. GIVE NAME, ADDRESS, AND TELEPHONE NUMBER.

AUTOMOBILE REGISTRATION NUMBER(S)

MAKE AND MODEL

1. _____
2. _____

TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT AND ACCURATE, AND IF ANY OF THE ABOVE STATEMENTS PROVE TO BE FALSE, THE BOARD OF DIRECTORS HAS THE RIGHT TO DEMAND AN IMMEDIATE RESIGNATION.

IF THIS APPLICATION IS FAVORABLY ACTED UPON BY THE BOARD OF DIRECTORS, THE UNDERSIGNED HEREBY AGREES TO BE BOUND BY THE PROVISIONS OF THE BY-LAWS, RULES AND REGULATIONS AND ALL AMENDMENTS AND ADDITIONS THERETO AND FURTHER AGREES TO PAY PROMPTLY ALL STATEMENTS COVERING DUES AND OTHER CHARGES RENDERED BY THE CLUB.

IN SIGNING THIS APPLICATION I SPECIFICALLY ACKNOWLEDGE THAT THE MEMBERSHIP YEAR IS JANUARY 1ST THROUGH DECEMBER 31ST OF EACH YEAR AND THAT I AM RESPONSIBLE FOR ALL FEES, DUES, AND ASSESSMENTS INCURRED DURING THIS PERIOD. I ALSO ACKNOWLEDGE THAT MY MEMBERSHIP RENEWS AUTOMATICALLY EACH YEAR, AT THE DISCRETION OF THE BOARD OF GOVERNORS, AND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE BOARD NO LATER THAN OCTOBER 1ST OF THE MEMBERSHIP YEAR IF I DO NOT INTEND TO CONTINUE MEMBERSHIP INTO A NEW YEAR.

I FURTHER UNDERSTAND THAT THE COUNTRY CLUB OF NEW BEDFORD WILL CONDUCT A BACKGROUND INVESTIGATION WHICH MAY INCLUDE A CHECK WITH ANY PAST EMPLOYERS, A CRIMINAL RECORDS CHECK WITH THE LOCAL POLICE DEPARTMENT, THE STATE POLICE, FEDERAL LAW ENFORCEMENT AGENCIES, THE REGISTRY OF MOTOR VEHICLES, FINANCIAL RECORDS TO INCLUDE A CREDIT REPORT AND INTERVIEWS WITH MY CHARACTER REFERENCES.

APPLICANT SIGNATURE

PROPOSER SIGNATURE

SECOND SIGNATURE

PRINT NAME

MEMBER NUMBER

PRINT NAME

MEMBER NUMBER

PROPOSER AND SECONDER MUST SIGN IN PERSON AND MUST BE ACTIVE PLAYING MEMBERS (OTHER THAN MEMBERS OF THE APPLICANT’S IMMEDIATE FAMILY). APPLICATION MUST BE FILLED OUT COMPLETELY.

UNTIL THE ABOVE CONDITIONS ARE COMPLIED WITH, THE MEMBERSHIP COMMITTEE CANNOT CONSIDER THE APPLICATION.

PLEASE SEND MAIL TO MY _____ RESIDENCE _____ P.O. BOX _____ BUSINESS ADDRESS (CHECK ONE).

HOW WOULD YOU LIKE TO BE BILLED FOR YOUR ANNUAL DUES?

ANNUALLY _____ QUARTERLY _____ MONTHLY _____ PLEASE CONTACT THE OFFICE AT 508-993-3453 (SOCIAL AND JUNIOR DUES BILLED ANNUALLY ONLY)

ELECTRONIC BILLING : YES NO WOULD YOU LIKE TO RECEIVE EMAILS ABOUT CLUB EVENTS AND ANNOUNCEMENTS? YES NO