



APPLICATION FOR MEMBERSHIP

THE BEST KEPT SECRET IN NORTHEASTERN OHIO
THE ALLIANCE COUNTRY CLUB - 725 EAST MILTON STREET
ALLIANCE, OH 44601 - 330.823.1010

DATE: _____

I hereby make application for membership in The Alliance Country Club subject to its Code of Regulations and all the Rules and if elected, agree to make settlements as therein provided.

Signed: _____

PLEASE PRINT OR TYPE THE INFORMATION BELOW:

TYPE OF MEMBERSHIP APPLIED FOR: () FULL () JUNIOR () SOCIAL () CORPORATE FULL

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

SOC. SEC. # _____

SPOUSES NAME: _____

DATE OF BIRTH: _____

CHILDREN: _____

DOB: _____

DOB: _____

DOB: _____

DOB: _____

E-MAIL ADDRESS: _____

BUSINESS or PROFESSION: _____

NAME OF FIRM: _____ POSITION: _____

BUSINESS ADDRESS: _____ PHONE: _____

PLEASE MAIL MY STATEMENT TO MY () HOME () BUSINESS () E-MAIL

I WOULD LIKE TO PAY MY DUES () NET / 1 PAYMENT () MONTHLY

I WOULD LIKE TO PAY MY STOCK () NET / 1 PAYMENT () MONTHLY

SPONSOR AND ENDORSERS MUST SIGN THEIR NAME AND MEMBER ACCOUNT NUMBER

Sponsored By: _____ Membership Number: _____ Date: _____

Endorsed By: _____ Membership Number: _____ Date: _____

Endorsed By: _____ Membership Number: _____ Date: _____