

# Segregansett Country Club

85 Gulliver Street, Taunton, MA 02780

Email: segregansett@comcast.net Web site: segregansett.com

Club House 508-824-9110 fax 508-821-3869 Pro Shop 508-824-9144

To be completed by the office

Date Received: \_\_\_/\_\_\_/\_\_\_ Member # \_\_\_\_\_ New Member \_\_\_\_\_ Returning Member \_\_\_\_\_

To the Board of Governors of Segregansett CC I desire to make an application for one of following:

\_\_\_ Single Golf \_\_\_ Single "Catch 21" \_\_\_ Young Adult "Catch 21" (21-29) *Date of Birth* \_\_\_\_\_

\_\_\_ Family Golf \_\_\_ Family "Catch 21" \_\_\_ Young Adult "Catch 21" (30-35) *Date of Birth* \_\_\_\_\_

\_\_\_ Corporate Golf \_\_\_ "Sweet 70" *Date of Birth* \_\_\_\_\_

\_\_\_ Young Adult - *Date of Birth* \_\_\_\_\_ \_\_\_ Social Golf \_\_\_ Social Dine \_\_\_ Non Resident

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ C/H

Dues Payment:

Paid in Full \_\_\_\_\_ Down Payment \_\_\_\_\_

Monthly Payment Plan \_\_\_\_\_ (number of payments)

Payment Amount \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Employer/Business: \_\_\_\_\_ Occupation \_\_\_\_\_

(Not required for junior members)

Member or Recent Member of Following Clubs: (Golf, Social, or Fraternal)

\_\_\_\_\_ GHIN# \_\_\_\_\_

If you resigned from the above club, please indicate date: \_\_\_/\_\_\_/\_\_\_

Reason for resignation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANTS for **Family Membership** and **Corporate Membership** are also required to furnish information with respect to the persons who will be part of the membership. A copy of a valid ID for each member is required.

**Family Name(s)**

**Spouse**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ C/H

**Junior Family Members (Under 21)**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

APPLICANTS for **Corporate Membership** are required to furnish information with respect to the persons who will be in their Corporate Membership: Copies of Driver's Licenses are required

Name \_\_\_\_\_ Corporate Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Corporate Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Corporate Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Corporate Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_