

Adult Membership Application

Segregansett Country Club

85 Gulliver Street, Taunton, MA 02780

Web site: segregansett.com

Main Phone: 508-824-9110 Fax 508-821-3869

Contact: Dawn Poole, General Manager 508-824-9110, ext 112; dawn@segregansett.com

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 _____ Young Adult (21-29) *Date of Birth* _____

_____ Family Golf _____ Young Adult (30-35) *Date of Birth* _____

_____ Corporate Golf

_____ Social Golf

If responding to a promotional program the Club may be currently marketing, please outline the program you are interested in? Junior Memberships, please use Junior Membership App.

Name: _____

Address: _____

Email: _____ Phone: _____ C/H

SIGNATURE _____

Employer/Business: _____ Occupation _____

(Not required for junior members)

Referring Members / Current Segregansett Members who knows you / If No one, so note.

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: _____

Please forward your completed application along with a copy of your driver's license to dawn@segregansett.com & membership@segregansett.com

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 _____