



# Membership Proposal

## Sedalia Country Club



Type of Membership:    \_\_\_\_\_ Regular            \_\_\_\_\_ Associate            \_\_\_\_\_ Clergy  
   \_\_\_\_\_ Junior            \_\_\_\_\_ Non- Resident            \_\_\_\_\_ Social

Name: \_\_\_\_\_                                  Name of Spouse: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Children: \_\_\_\_\_    Length of Residency: \_\_\_\_\_

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

- Character References:
- 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_

Phone Number: \_\_\_\_\_                      Cell Number: \_\_\_\_\_

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

If Junior Member, Date of Birth: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Proposing Member

\_\_\_\_\_  
Date Approved by Committee

\_\_\_\_\_  
Proposing Member Number

\_\_\_\_\_  
Date Approved by Board

# Applicant Information:

Name:		
Date of Birth:		Phone:
Current Address:		
City:	State:	ZIP Code:
Cell Phone:	Email:	Golf Handicap:
<b>Employment Information</b>		
Current Employer:		
Employer Address:		How Long:
City:	State:	ZIP Code:
Phone:	Email:	Fax:
Position:		
<b>Spouse Information</b>		
Name:		
Spouse Employer:		Date of Birth:
Cell Phone:	Email:	Golf Handicap:
<b>Children Information</b>		
Name:		
Date of Birth:	Gender:	Golf Handicap:
Name:		
Date of Birth:	Gender:	Golf Handicap:
Name:		
Date of Birth:	Gender:	Golf Handicap:
<b>Prior Country Club Membership</b>		
Prior Country Club:		
Country Club Address:		
City:	State:	ZIP Code:
Phone:	Email:	Fax:
How Long?	Club Secretary:	
<b>Activities at Prior Club</b>		
Please list activities in which you were active at your prior club.		
<b>Signatures</b>		
I/We verify the accuracy of this information and authorize the verification of the information provided on this form.		
Signature of Applicant:		Date:
Signature of Spouse:		Date:

# Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION FORM

All information will remain confidential.

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

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

\_\_\_\_\_

Credit Card Type: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (3 digits on back of card): \_\_\_\_\_

I authorized Sedalia Country Club to charge my credit card, provided herein, the balance due on my Sedalia Country Club membership account when my account balance exceeds 90 days past due. A three percent (3%) service charge will be added to the balance should the payment charge be \$1,000 or more. I agree that I will pay for this in accordance with the issuing bank cardholder agreement.

Cardholder—Sign ,Date, and Print Name Below:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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