



## Arrowhead County Club Membership Application

### *Applicant Information*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Marital Status: Married Single  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Telephone: (Home, Cell) \_\_\_\_\_ Telephone: (Work) \_\_\_\_\_  
Emergency Contact: Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### *Dependents\**

\*under 21 years of age

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

### *Family Membership Fees\**

\*a family membership includes the applicant, spouse, children under 18 years of age and/or those who are full-time students or are active duty military status under 21 years of age. Dependents that exceed age limits can obtain an individual membership at the reduced initiation fee of \$250.00

Initiation Fee: \$500.00 Check Number: \_\_\_\_\_  
Quarterly Dues: \$150.00 Date Received: \_\_\_\_\_  
Date Approved: \_\_\_\_\_

Sponsoring Member: \_\_\_\_\_

