



# APPLICATION FOR 2021 ASSOCIATE MEMBERSHIP

Dining

Social

Member# \_\_\_\_\_ Locker#: \_\_\_\_\_ (office use only)

Name of Applicant: \_\_\_\_\_

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

(Street address, city & postal code)

Telephone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

**Yes, I agree to receive club correspondence at this email address**

Date of Birth: (mm/dd/yy) \_\_\_\_\_

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

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business E-mail \_\_\_\_\_

Should my account fall in arrears, or I fail to meet my minimum spending requirement, I \_\_\_\_\_ authorize the Club to make payment from the following credit card:

Type of card \_\_\_\_\_ Credit card # \_\_\_\_\_ Expiry date \_\_\_\_\_

Code \_\_\_\_\_

\*Cardholder's Signature \_\_\_\_\_

How did you hear about Camelot Golf & Country Club? (Select all that apply)

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Member referral/Invited as a Guest | <input type="checkbox"/> Website  |
| <input type="checkbox"/> E-mail communication               | <input type="checkbox"/> Twitter  |
| <input type="checkbox"/> Online Advertising                 | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Other _____                        | <input type="checkbox"/> Print Ad |

By signing below the applicant applies for an **Associate Membership** at *Camelot Golf & Country Club* and acknowledges and agrees to the following:

- The applicant's Membership is subject to acceptance by the Board of Governors of *Camelot Golf & Country Club*. If the applicant's membership is not accepted any fees submitted will be returned to the applicant without interest.
- These Memberships are valid for one (1) year only but may be renewed.
- The applicant agrees to comply with the letters patent, by-laws, members' code of conduct, rules and regulations of *Camelot Golf & Country Club*.
- Payment for the membership fee accompanies this application.
- The applicant agrees to allow Camelot to use their personal information provided above solely for purposes related to the normal administration of the club, per our Privacy Policy.
- All Associate Memberships are subject to review by the Board of Governors and may be removed or amended at any time.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**Applicant's Signature**