



# LAKEWOOD COUNTRY CLUB

*Established 1959*

Dear Applicants,

Attached you will find a copy of the membership Application. A minimum of 4 supporting letters of reference must be submitted along with your application. This includes, but is not limited to the primary sponsor, additional Private Club members and either personal or professional references who are not currently members of Lakewood. Please identify which reference, a current member of Lakewood, who will be your sponsor. This person should be available to be contacted by the Membership Committee for an interview. Please identify them by putting an asterisk (\*) next to their name. Also, please make sure to completely fill out the address of all references listed, as well as home and work phone numbers.

Thank you very much for your interest in Lakewood Country Club.  
We hope to welcome you as a member soon.

LAKEWOOD COUNTRY CLUB  
13901 Glen Mill Road  
Rockville, Maryland 20850

Phone: (301) 762-5430  
Fax: (301) 762-2536  
[www.lakewoodcc.org](http://www.lakewoodcc.org)



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I, \_\_\_\_\_, hereby make application for \_\_\_\_\_ membership in Lakewood Country Club, Inc. and submit the following information for consideration by the Board of Directors in connection with my application. This application is made with a complete understanding and acceptance of the terms, conditions, privileges, and restrictions governing the class of membership applied for. I also understand that this information may be used by the Club for the purposes of determining my financial responsibility. Initiation fees and dues are subject to change. Membership admission will be subject to the then current initiation fee schedule applicable at the time of admission into the Club.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## BUSINESS OR PROFESSIONAL HISTORY

Current Occupation or Profession \_\_\_\_\_

Present Employer \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_ Office Phone \_\_\_\_\_

Occupations (Employers, Titles, and Inclusive Dates) last five years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL HISTORY

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Marital Status \_\_\_\_\_

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

City and State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Name of Spouse and dependent members of your family living in your household.

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If spouse is employed, Title & Employer \_\_\_\_\_

How many members of your family do you anticipate will use:

\_\_\_\_\_ Golf \_\_\_\_\_ Tennis \_\_\_\_\_ Swimming \_\_\_\_\_ Facilities

What or who prompted your application to Lakewood Country Club? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are now or have ever been a member of any other country club, list name(s), location(s), and inclusive dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been expelled from or denied membership in any country club? \_\_\_\_\_

## REFERENCES

Please fill out the information below, as well as including your letters of reference. Please identify which reference, a current member of Lakewood, who will be your sponsor. Please identify them by putting an asterisk (\*) next to their name. Also, please make sure to completely fill out the address of all references listed as well as home and work phone numbers and email addresses.

Name \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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

Name \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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

Name \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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

Name \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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

## BILLING

Would you prefer your statements:  Emailed  Mailed  Both

**CLUB RECORD**  
**DATE - /by - signature**

Application Received \_\_\_\_\_

Interviewed \_\_\_\_\_

Approved by Membership Committee \_\_\_\_\_

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

Applicant Notified \_\_\_\_\_

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**CREDIT REFERENCE AUTHORIZATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS#: \_\_\_\_\_

PHONE: HOME: (     ) \_\_\_\_\_

WORK: (     ) \_\_\_\_\_

I hereby authorize Lakewood Country Club to order a consumer credit report and to verify other credit information, including past and present employment, assets, credit card accounts and other references. It is understood that a signed copy of this form will serve as authorization.

The information obtained will only be used in connection with my request of membership application at Lakewood Country Club.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**\*\*Information obtained will not be disclosed or released without your consent except as required or permitted by law.**