

SEGREGANSETT COUNTRY CLUB

85 Gulliver Street, Taunton, MA 02780

Membership Application

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segregansett@comcast.net segregansett.com

Club House 508-824-9110 fax 508-821-3869 Pro Shop 508-824-9144

Date Received: ___/___/___ Date of Interview: ___/___/___ Voted ___/___/___ Member # _____
____New Member ____Returning Member ____ PROMOTION ____Non-Resident

To the Board of Governors of Segregansett CC I desire to make an application for one of following:

___ Single Golf
___ Family Golf- *Complete page 2*
___ Corporate Golf - *Complete page 2*
___ Junior Golf - *Date of Birth* _____
___ Young Adult - *Date of Birth* _____ ___Social Golf ___Social-Dining

Print Name in Full: _____ Email: _____

Home Telephone: _____ Cell Telephone: _____

Address: _____
Street City State Zip

SIGNATURE _____

Employer or Business: _____ Occupation _____

Address: _____

Employer Telephone: _____ Employer Email: _____

Education: _____

Member or Recent Member of Following Clubs: (Golf, Social, or Fraternal)

_____ Telephone: _____ GHIN# _____

If you resigned from the above club, please indicate date: ___/___/___

Proposed by: _____ & _____
Signature Print name

Seconded by: _____ & _____
Signature Print name

Proposers Note: Please include on the reverse side of the application any additional information which will aid the membership committee in arriving at a decision.

APPLICANTS for ***Family Membership*** are required to furnish information with respect to the persons who will be in their Family Membership: Copies of Driver's Licenses are required

Name	Relationship
Date of Birth (if a minor)	

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_____

Home Address_____Phone_____

Name_____Corporate Title_____

Home Address_____Phone_____

Name_____Corporate Title_____

Home Address_____Phone_____

Name_____Corporate Title_____

Home Address_____Phone_____

The membership, as represented by the Board of Governors, reserves the right to revoke or reject membership after a trail period of one year. Incomplete applications will not be accepted by the Board for consideration.

Comments (Proposer):

Comments (Seconded):
