

Elkview Country Club  
P.O. Box 275  
Carbondale, PA 18407  
570-222-4147 570-282-3080

## APPLICATION FOR MEMBERSHIP

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

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

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

Billing Address (if different): \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_ is phone # unlisted? \_\_\_\_\_

Are you actively employed? \_\_\_\_\_ Retired? \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Job Title/Position: \_\_\_\_\_

### References (name, address, phone):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Club Affiliations:

(private club memberships you hold or have held)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Friends who are members of Elkview:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How many golfers in your family: \_\_\_\_\_

Does your spouse golf? \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

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

Do you have children for junior membership under the age of 22? \_\_\_\_\_

If so, please list name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been denied membership, had membership revoked, or been expelled from a Private Club? \_\_\_\_\_

### MEMBERSHIP TYPE APPLIED FOR:

Senior: \_\_\_\_\_ Social: \_\_\_\_\_

Corporate: \_\_\_\_\_

If approved as senior member, do any of the following memberships apply?

Spouse of Senior: \_\_\_\_\_ Junior (12-17): \_\_\_\_\_ Junior (18-22): \_\_\_\_\_

If yes, please indicate name(s) and type below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand a credit report may be conducted as part of this application.

A non-refundable application fee of \$100.00 must accompany this application, and upon acceptance will be applied to your initial dues payment. All fees, minimums and charges are subject to change through Board of Directors action or amendment changes to Elkview Country Club By-Laws.

By signing below, I am indicating my desire to be considered for membership, and I agree that if approved, I will accept my membership as indicated. I certify that information provided is true and correct.

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

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

Co-Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_