

## Application for Membership

**Member Name (Please Print):** \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Current Residence Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Spouse Information:**  
 Spouse Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Dependent Information:**

Name (under 21)	DOB	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Type of Membership**

Regular	Social	Corp.	Non-Resident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Corporate, Name of Company to be billed: \_\_\_\_\_

- Regular-** \$115.00 per month. All privileges that the club offers are included.
- Social-** \$57.50 per month. Clubhouse and Pool privileges only.
- Corp. -** Will need to specify Regular or Social
- Non- Resident-** \$57.50 per month. Must provide proof of current membership at home course. All privileges that the club offers are included.

Will you need a cart shed?      YES            NO        
 (Cost of a cart shed is \$22.50 per month)

I agree to pay my membership dues promptly each month as long as I am a member of this club. I understand I will be billed monthly. I also understand that my monthly dues are the only source of income for this club. Further, if I have the need to withdraw my membership I will do so in writing to Malvern Country Club, Inc. prior to the month end I wish to resign. I also understand that upon withdrawing, I will not be allowed to regain my membership within 12 months without paying all dues that would have been owed during that 12 month period. Further, any outstanding debts to the MCCI must be paid at the time of my resignation.

**Monthly Total Due:**

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Signature                                      Spouse Signature                                      Date

**Membership Committee Use Only**

Signed:  Approved                                       Disapproved

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

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