

## 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/Significant Other must reside in the same household full time.**

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

Social Security Number: \_\_\_\_\_

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

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

**Dependent Information: Must be enrolled in school and residing in the same household full time. If guardians are divorced, school enrolled children do not have to reside in the same household full time.**

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

**Type of Membership**

Regular	Social	Corp.	Non-Resident

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

**Regular-** \$126.50 per month. All privileges that the club offers are included.

**Social-** \$63.25 per month. Clubhouse and Pool privileges only.

**Corp. -** Will need to specify Regular or Social

**Non- Resident-** \$63.25 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:**

Signature \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**Membership Committee Use Only**

Approved                       Disapproved

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

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