

SCHUYLKILL COUNTRY CLUB
ORWIGSBURG, PA
Application for Membership

Date: _____

Class of membership: (please select your membership category)

- | | |
|------------------------|------------------------|
| 1. Resident Family | 2. Resident Single |
| 3. Junior | 4. Clergy |
| 5. Social | 6. Jr. Social |
| 7. Non-Resident Family | 8. Non-Resident Single |

Name: _____

DOB: _____

Social Security # _____

First name of spouse: _____

Names and dates of birth of unmarried children less than 25 years of age:

Home address: _____

Home phone: _____ **Cell phone:** _____

Email address: _____

Employer: _____

Employer's address: _____

Position: _____ **Employer's phone:** _____

How long employed there: _____

Bank Reference: _____

Three credit references other than banks: (Don't Include Account Numbers)

Were you ever a member at Schuylkill before? YES NO

Are you the son or daughter of a current member? YES NO

Places of residence during your lifetime:

City _____ Years _____

City _____ Years _____

Membership in other country clubs:

Club _____ Still a member? YES NO

Club _____ Still a member? YES NO

Club _____ Still a member? YES NO

My Member Sponsor is: _____

Each application must be signed below by 2 Bond Holding Resident Members, who are not Board Members or Committee Chairs.

Proposed by: _____

(signature)

Seconded by: _____

(signature)

In addition to the above, the applicant is acquainted with the following members of the Schuylkill Country Club. These members are authorized to furnish freely any pertinent information. (Signature not required)

1. _____

2. _____

3. _____

Signature of applicant: _____

Signature of spouse: _____

By signing this membership application form, I/we hereby authorize Schuylkill Country Club to request, order and obtain credit reports and/or credit histories in order to verify the accuracy of the information provided in this application form and to determine my/our future financial viability and standing.