



ASHROSE GOLF CLUB APPLICATION FOR CLUB MEMBERSHIP

Please Print All Information

NAME: _____

ADDRESS:
STREET: _____

CITY, STATE, ZIP CODE: _____

DATE OF BIRTH: ____/____/____ **AGE:** _____

CONTACT NUMBERS:

HOME: **AREA CODE:** (_____) _____

WORK: **AREA CODE:** (_____) _____

CELL : **AREA CODE:** (_____) _____

FAX: **AREA CODE:** (_____) _____

OTHER: **AREA CODE:** (_____) _____

EMAIL: _____

SPOUSE/EMERGENCY NAME: _____

EMPLOYER NAME/ADDRESS: _____

ASHROSE MEMBER SPONSOR NAME: _____

HANDICAP: _____ (If unknown, last 5 scored golf round(s))

COMMENTS: _____

Application must be completed and accompanied with a \$10.00 non-refundable application fee. If paying by check, make check payable to: "ASHROSE GOLF CLUB" and deliver or mail to the Club Treasurer as soon as possible.

Treasurer must acknowledge and date receipt

RECEIVED: _____ **DATE:** _____

Ashrose Treasurer