

LINDEN GOLF & COUNTRY CLUB

Pro Shop: 253.845.2056

Application Date _____ Initiation Fee \$ _____ 1st Month's Dues \$ _____

Single Membership Family Membership Corporate Social Only

Sponsoring Member's Name _____ Signature _____

Applicant's Full Name _____ Date of Birth _____

Address _____ City _____ WA Zip _____

Home # (_____) _____ Cell # (_____) _____ Work # (_____) _____

Email Address (Please write clearly) _____

Monthly statements will be automatically sent to this email address. Check box to request paper billing.

Occupation _____ Employer _____

Address _____ City _____ WA Zip _____

List Name & Location of any private golf club(s) you belong to currently or in the past.

Personal References:

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

I hereby make application for membership with the Linden Golf and Country Club. If accepted, I agree to pay the total sum of the balance of the initiation fee and the first months dues in advance. I further agree to pay as billed or upon demand any credit extended to me, my spouse or my children and any other indebtedness I may owe to the club including assessments. I hereby agree to abide by the club rules and regulations as published in our By Laws and any other membership information publication. I also agree, in case a suit is initiated to collect the monthly dues or indebtedness to the club; to pay, in addition to court costs, a reasonable sum of attorney's fees or collection agency fees in pursuit of delinquent account collection. All amounts owing the club must be paid before I am able to take a leave of absence or resign. I hereby give my permission to the membership chairman to get a credit and personal reference report. Linden Golf & CC is a non-proprietary membership.

For family membership please list name of spouse and names and ages of children who will be authorized to participate in golf activities under this membership.

Spouse _____ Child _____ Age _____

Child _____ Age _____ Child _____ Age _____

APPLICANT'S SIGNATURE _____ **DATE** _____

OFFICE USE ONLY

Date accepted by the Pro Shop _____ By _____ Notes _____

Deposit (10% Non-Refundable) paid \$ _____ Date _____ Balance or Fees paid \$ _____ Date _____

Board Approval Date _____ Membership Chairman _____ Notes _____