



Thereby submit this application for golf membership at the Andover Country Club. This application is subject to the approval of the membership committee.

Name

Date of Birth

Spouse's Name

Spouse's Date of Birth

Children's Names

Children's Dates of Birth

Add to membership? (y/n)

Home Address

Street

City

State

Zip Code

Home Phone

Cell

Business Phone

Email

Company Name

Title

Type of Business

Business Address

Street

City

State

Zip Code



Please mail any communication to my:

Home Address Business Address Email

MEMBERSHIP CLASSIFICATION

- | | |
|--|---|
| <input type="checkbox"/> Single Full | <input type="checkbox"/> Intermediate 37 to 39 |
| <input type="checkbox"/> Single Limited | <input type="checkbox"/> Intermediate Family |
| <input type="checkbox"/> Family Full | <input type="checkbox"/> Weekday |
| <input type="checkbox"/> Family Full/Limited | <input type="checkbox"/> Child of Member <18 |
| <input type="checkbox"/> Family Limited | <input type="checkbox"/> Child of Member 18 to 23 |
| <input type="checkbox"/> Intermediate 24 to 36 | <input type="checkbox"/> Junior 18 to 23 |
| | <input type="checkbox"/> Junior <18 |

Previous Club Affiliation

Handicap Spouse's Handicap

Sponsored by: 1.
2.

ASSESSMENTS

I understand that as a matter of contract with the Club my membership is subject to a minimum food purchase in the main dining room. I am also responsible for the applicable membership dues and charges incurred by me, my family and my guests in the use of the Club and that such membership does not confer upon me any ownership of the Club property or assets.

BYLAWS

As a Member, I agree to conform to and be bound by the bylaws, rules and regulations of the Club, as they may be amended from time-to-time. I also understand that if I do not confirm to the rules and regulations of the Club, my membership may be terminated at any time.

Signature

Date

THE ANDOVER COUNTRY CLUB

Accepted this day of ,

By

Membership Number