



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

Spouse's Email

Spouse's Cell

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**

Single Full                       Intermediate 24 to 32  
 Single Limited                     Intermediate 33 to 39  
 Family Full                         Intermediate Family  
 Family Full/Limited               Child of Member <18  
 Family Limited                     Child of Member 18 to 23

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**