



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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Golf Waitlist

MAILING ADDRESS

Andover Country Club
Attn: P. LeBlanc
60 Canterbury Street
Andover, MA, 01810

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