

TWIN OAKS



COUNTRY CLUB

Application for Membership



Personal Information

Main Account Holder's Name _____
Title First Middle Initial Last Preferred Name

Home Address _____
Street City State Zip Code

Home Phone Number _____ Cell Phone Number _____

Date of Birth ____/____/____ Social Security Number _____

Email Address _____

☐ Single ☐ Married ☐ Divorced ☐ Widowed If married, please fill out the Spouse information below.

Spouse's Name _____
Title First Middle Initial Last Preferred Name

Cell Phone Number _____ Wedding Anniversary Date ____/____/____

Date of Birth ____/____/____ Social Security Number _____

Spouse's Email Address _____

Business Information

Applicant's Occupation and/or Nature of Business or Profession _____ ☐ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Years in Present Employment _____

Email Address _____

Education Background _____

Spouse's Occupation and/or Nature of Business or Profession _____ ☐ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Years in Present Employment _____

Email Address _____

Education Background _____

Type of Membership Desired

- ☐ Regular Member (ages 40 & over) ☐ Junior Member (ages 21-34) ☐ Social Member
☐ Young Executive Member (ages 35-39) ☐ Social/Pool/Tennis Member ☐ Corporate Member

Children

The member's dependent children under age 25 either residing in the parental home or being full-time students are eligible to use club facilities.

- | | | | | | | |
|----|-------|-------|----------------|---------------|-------------------------------|---------------------------------|
| 1. | _____ | _____ | _____ | _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | First | Last | Preferred Name | Date of Birth | | |
| 2. | _____ | _____ | _____ | _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | First | Last | Preferred Name | Date of Birth | | |
| 3. | _____ | _____ | _____ | _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | First | Last | Preferred Name | Date of Birth | | |
| 4. | _____ | _____ | _____ | _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | First | Last | Preferred Name | Date of Birth | | |

Affiliations

Are you a prior member of Twin Oaks Country Club? ☐ Yes ☐ No If so, when? _____

Are you a current or previous member of another country club? If so, please list. ☐ Yes ☐ No

Club Information (Name, Phone Number) _____

Membership in Business, Professional, Civic and Fraternal Organizations _____

Referring Member Information

Sponsor _____
Please Print Name and Member Number Years Known Signature

**Please note: The referring member must be a current club member, in any classification, who referred you to Twin Oaks Country Club.

Sponsor Information

Sponsor _____
Please Print Name and Member Number Years Known Signature

Sponsor _____
Please Print Name and Member Number Years Known Signature

-Continued on back page-

Authorization

By signing this Application for Membership in Twin Oaks Country Club, I hereby authorize Twin Oaks Country Club, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my Application for Membership is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of Twin Oaks country Club in the present form or as may be amended.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing Twin Oaks Country Club.

Applicant's Signature _____

Date _____

Spouse's Signature _____
(If applicable)

Date _____

For office use only

Date Received By Club _____

Effective Date of Membership _____

New Membership Number _____



1020 E. Republic Road
Springfield, Mo 65807

Phone: (417) 881-4744 Fax: (417) 881-3331

www.twinoakscountryclub.com