



Monticello

COUNTRY CLUB

Po Box 426, Monticello, AR 71655
(870) 367-0884

Membership Application

Please select type of membership

Regular Membership _____

Junior Membership (under 30) _____

Non-Resident (must live outside of Drew County) _____

Corporate Designee _____ Corporate Member Name and # _____

Name: _____ Telephone: _____

Address: _____ City: _____ State _____ Zipcode _____

Place of Employment: _____

Occupation: _____

Spouse's Name: _____ Telephone: _____ Children's
Names:

_____	Age: _____	DOB _____
_____	Age: _____	DOB _____
_____	Age: _____	DOB _____

Please indicate the club activities of interest:

_____ Social (Clubhouse)

_____ Golf (Do you own a cart? ___ Are you interested in a cart shed? ___)

_____ Tennis

_____ Swimming

Sponsors' Signatures: (Must have at least FIVE active members and club membership number)

1. _____ # _____
2. _____ # _____
3. _____ # _____
4. _____ # _____
5. _____ # _____

Credit References:

1. _____
2. _____
3. _____

Have you been a member of any other Country Club?

Yes _____ No _____

If yes, please list below:

Club name and address, and date of membership

_____	From _____	To _____
_____	From _____	To _____



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Membership Payment:

Make checks payable to: Monticello Country Club. Must be paid with application.

Membership Fee Total: \$149.26

Initiation Fee: \$1,000.00

First Month Dues: \$1,149.26

Junior and Non-Resident

Membership fee: \$105.36

Initiation Fee: \$1,000.00

First Month Dues: \$1,105.36

I HEARBY AUTHORIZE MONTICELLO COUNTRY CLUB TO VERIFY CREDIT AND EMPLOYMENT THROUGH THE CREDIT BUREAU OF SALINE COUNTY.

Application must be signed and dated by the applicant to be valid.

Applicant's Signature _____ Date _____

Date of Birth _____ Social Security Number _____

Spouse's Signature _____ Date _____

Date of Birth _____ Social Security Number _____

(Attach a copy of driver's license for verification of date of birth.)

For Club Use Only:

Application No.: _____ Date: _____

Issued to: _____ Member No.: _____

Issued by: _____ Stock No.: _____