



**Application:**

Please select type of membership

**Membership Type:**

- Regular Membership
- Junior Membership (under 30)
- Non-Resident (must live outside of Drew County)
- Corporate Designee Corporate Member Name and #

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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 \_\_\_\_\_

**Membership Payment:**

Make checks payable to: Monticello Country Club.

**Must be paid with application.**

Membership Fee Total: \$149.26

Stock Fee: \$50.00

Initiation Fee: \$400.00

First Month Dues: \$599.26

**Junior and Non-Resident**

Membership fee: \$105.36

Initiation Fee: \$400.00

First Month Dues: \$505.36

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

**The Initiation Fee of \$400 can be waived by opting for an 18 Month Contract. If you wish to waive the initiation fee please sign the following contract.**

BY SIGNING THIS CONTRACT, I AGREE TO AN 18 MONTH CONTRACT. IF MEMBERSHIP IS FORFEITED PRIOR TO THE 18 MONTH TIME PERIOD, THE SIGNER WILL PAY THE REMAINING BALANCE OF MEMBERSHIP DUES NOT FULFILLED. Applicant 18 Month Agreement Signature:

**After completing this application:**

**Mail to (or drop off application in the clubhouse)**

**Monticello Country**

**PO BOX 426**

**Monticello AR 71657**

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.: \_\_\_\_\_