CLUB MEMBERSHIP APPLICATION FORM

Club Name: _____ Membership No.: _____

Applicant Information:

Full Name: _____

Date of Birth: _____ Social Security No.: _____

Address: _____

Phone Number: _____ Email: _____

Membership Type:

Regular Membership [ ]

Family Membership [ ]

Senior Membership [ ]

Student Membership [ ]

Emergency Contact Information:

Full Name: _____

Relationship: _____ Phone Number: _____

Additional Information:

Membership fees are due upon acceptance and are non-refundable. Applicants agree to abide by all Club rules, regulations, and policies as amended from time to time. Membership may be revoked for violations of Club rules or conduct deemed detrimental to the Club. Applicant acknowledges that participation in Club activities may involve inherent risks and agrees to release and hold harmless the Club, its officers, directors, and members from any liability except that arising from willful misconduct or gross negligence.

Acknowledgment and Signature:

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I agree to comply with the Club's bylaws, rules, and policies. I understand that providing false information is grounds for denial or termination of membership. I authorize the Club to verify any information provided in this application. I acknowledge that membership is a privilege and not a right.

Applicant's Signature

Date: _____

Printed Name: _____

Club Representative Signature

Date: _____

Printed Name: _____