

LUDLOW COUNTRY CLUB

P.O. Box 541 - Ludlow, MA 01056

ADULT MEMBERSHIP APPLICATION

I hereby apply for membership at the Ludlow Country Club. If elected to membership, I agree to pay all applicable fees and dues in effect at the time of election and there forth which are due annually for membership. I also understand and agree to uphold all rules, regulations and by-laws instituted by the Ludlow Country Club. All family membership participants shall fall under these same requirements subsequent to said applicants' acceptance to membership.

All appropriate items must be filled out for membership consideration.

Regular Membership Family Membership Social Membership

Applicant's Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Alternate Number _____

Email Address _____

Place of Employment _____

Occupation _____

Member Sponsors:

1. _____ (PRINTED NAME) _____ (SIGNATURE)

2. _____ (PRINTED NAME) _____ (SIGNATURE)

Applicant's Signature _____ Date _____

THE FOLLOWING MUST BE FILLED OUT FOR FAMILY MEMBERSHIP

Name of Spouse _____ Date of Birth _____

1. _____ (CHILDS NAME) _____ Date of Birth* _____

2. _____ (CHILDS NAME) _____ Date of Birth* _____

Additional children may be included with additional payment equal to Junior Membership dues for each child added after first two. *Copies of children's Birth Certificates must be included with application.

PLEASE RETURN ORIGINAL. NO PHOTOCOPIES ARE ACCEPTED.

Do not write below this line-for Administrative Use Only.

Date of Acceptance/Membership _____

Membership Chairperson's Signature _____