

Marietta Country Club

Membership Application

Date: _____ Type of Membership: _____ Member #: _____

Billing schedule?

Annual:

Semi Annual:

Monthly:

(only Equity Members)

Full Name: _____

Date of Birth: _____

Spouse's Name: _____

Date of Birth: _____

Dependent Children

Name

Date of Birth

<u>Name</u>	<u>Date of Birth</u>

Home Address: _____

City: _____

State: _____

Zip code: _____

Home phone: _____

Mobile Phone: _____

Mobile Provider: _____

(for text blasts / alerts)

Employer: _____

Phone: _____ *(emergency only)*

Spouses phone: _____

Wedding Anniversary: _____

Email Address: _____

Can we Email you?:

Billing Statements

Spouses Email: _____

Club Update E-mailings

*Credit Card Number: _____

Expiration Date: _____

Required to be on file and will be used if billing is over 45 days late

3 digit Code: _____

Are you interested in our unlimited **Cart Plan**? _____

(Single or Family annual plans available)

Are you interested in **Club (Bag) Storage**? _____

(Clubs are stored, cleaned & placed in your Cart)

Would you like a **Locker**? _____

(Men's Full size - \$45 and/or Ladies Full size - \$30)

Would you like to be contacted by the Men's Golf Association? _____

Would you like to be contacted by the Women's Association? _____

Total Amount:

Amount Paid:

Applicant's Signature: _____

***I understand that the membership is subject to approval by The Board of Directors.
I hereby agree, if accepted, to abide by the Code of Regulations, Policies & Rules of the Club.***

MCC Member who is responsible for your decision to join: _____

Member Signature: _____

Signing Member must be in good standing