



P.O. Box 2886  
Kokomo, IN 46904  
(765)457-3278

## APPLICATION FOR MEMBERSHIP

Applicant

Spouse

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Last Four of Social Security: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children Under 21 (and Date of Birth) : \_\_\_\_\_

Membership Category:	<input type="checkbox"/> Regular	<input type="checkbox"/> Social	<input type="checkbox"/> Non Resident	<input type="checkbox"/> Junior	<input type="checkbox"/> Past
Send Statements / Correspondence to:	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input type="checkbox"/> Other _____		

Sponsors:

Print

Signature

Prime: \_\_\_\_\_

\_\_\_\_\_

Seconded: \_\_\_\_\_

\_\_\_\_\_

I agree to abide by the Bylaws, Rules, and Regulations of the Kokomo Country Club. I understand that I am responsible for all initiation fees and/or promissory notes, and here by commit to twenty-four (24) months of membership dues and minimums, with any remainder due upon demand should I terminate my membership within twenty-four (24) months. I further agree to pay all costs of collections, including reasonable attorney fees, in the event that my account becomes delinquent and my account is referred to any attorney or other collection agency. I have attached a biographical sketch on the back of this page.

Signed and agreed to:

\_\_\_\_\_ Email address \_\_\_\_\_  
Member

\_\_\_\_\_ Email address \_\_\_\_\_  
Spouse

Office Use Only:

Applicant has been introduced to these Board Members:

- Biographical Sketch
- Initiation Fee Rec'd
- Certificate of Membership Fee
- Introduced to Board Members

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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