



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

APPLICATION FOR MEMBERSHIP

Applicant

Spouse

Name: _____
Home Address: _____

Home or Cell Phone: _____

Employer: _____

Position: _____

Work Phone: _____

Date of Birth: _____

SSN: _____

Children Under 21 (and Date of Birth) : _____

Membership Category

- Family Regular
- Family Golf Associate
- Single Golf Associate
- Corporate
- Corporate Additional
- Junior Golf Associate
- Social Associate
- Pool Associate

Work or other address if statement is *not* to be sent to home address:

For Office Use Only

Member # _____

Member Locker # _____ Combination _____

Member Locker # _____ Combination _____

KCC Website Username _____

Password _____

Shag Range (1 or 2) _____ Hole in One Club (#) _____

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. 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:

_____ Member

_____ Email Address

Date _____

_____ Spouse

_____ Email Address

