

# Searcy Country Club Membership Application

2729 W. Country Club Road, Searcy, AR 72143

Phone – 501-268-8577

[www.searcycountryclub.com](http://www.searcycountryclub.com)

Fax – 501-279-9129

GOLF

SOCIAL

CORPORATE

JUNIOR/LEGACY

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Employed by: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Home Phone                  Work Phone                  Cell Phone                  Email

\_\_\_\_\_

Children (names & ages)

\_\_\_\_\_

\_\_\_\_\_

Member Civic Clubs/Organizations

\_\_\_\_\_

\_\_\_\_\_

Sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly Statement Delivery:

Paper Statement

Email Statement

*I agree to abide and be governed by the by-laws, rules and regulations and policies of the Searcy Country Club as from time to time may be amended. Should my account become delinquent and require collection service, I agree to pay all reasonable collection and handling charges.*

*I hereby give the management of Searcy Country Club permission to conduct a background check and to request a credit report in association with this application. All information is kept confidential and membership is pending approval.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Office Use Only:**

Approved by \_\_\_\_\_ Date: \_\_\_\_\_