

Searcy Country Club Membership Application

2729 W. Country Club Road, Searcy, AR 72143

Phone – 501-268-8577

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: _____