

CLEVELAND COUNTRY CLUB, INC.
MEMBERSHIP NOMINEE FORM

SUBMIT TO: *Membership Committee*
Cleveland Country Club, Inc.
345 Kyle Lane
Cleveland, TN 37312

Office Use Only

Date Submitted: _____	Date Posted: _____
Date Approved: _____	Credit _____
Amount of Check: _____	Acct. _____
Membership Type: _____	
Referral: _____	

NAME: _____ BIRTHDATE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME TELEPHONE NO: _____ BUSINESS TELEPHONE NO.: _____
MOBILE TELEPHONE NO. _____
SOCIAL SECURITY NO: _____ E-MAIL ADDRESS: _____
PREVIOUS HOME ADDRESS (INCLUDE CITY/STATE/ZIP): _____

APPLICANT'S EMPLOYER AND POSITION: _____

APPLICANT'S BUSINESS ADDRESS: _____

MARITAL STATUS: _____ SPOUSES NAME: _____

SPOUSES BIRTHDATE: _____ ANNIVERSARY DATE: _____

SPOUSES EMPLOYER AND POSITION: _____

SPOUSES SOCIAL SECURITY NO: _____

NAME & BIRTHDATE OF DEPENDENT CHILDREN:

IF CORPORATION, MEMBERSHIP IS TO BE RETAINED/OWNED BY: [] INDIVIDUAL

[] CORPORATION AUTHORIZED CORPORATE OFFICER: _____

NAME AND ADDRESS OF ANY COUNTRY/PRIVATE CLUB OF WHICH YOU ARE A MEMBER OR EX-MEMBER _____

MEMBERSHIP CATEGORY:	<input type="checkbox"/> GENERAL
	<input type="checkbox"/> SENIOR
	<input type="checkbox"/> JUNIOR
	<input type="checkbox"/> SOCIAL
	<input type="checkbox"/> OUT OF TOWN
	<input type="checkbox"/> COMPANY GENERAL
	<input type="checkbox"/> COMPANY TRANSFER

BILLING OPTION: PREMIER CHAMPION LIFESTYLE

DATE SUBMITTED: _____ SIGNATURE: _____



MEMBERSHIP REQUIREMENTS

A check for the appropriate amount of assessment fee must accompany your application.

A credit history check will be performed.

All applications must be received ten days prior to the board meeting for posting requirements.

Approval by the board of directors (Board meetings are held the third Tuesday of every month).