Miami Shores Country Club

GOLF MEMBERSHIP APPLICATION

Please complete all applicable sections. Membership is subject to club approval.

MEMBERSHIP INFORMATION

Full Legal Name: _____ **Date of Birth:** _____

Membership Type: ☐ Single ☐ Single - Weekday ☐ Family ☐ Executive ☐ Junior
☐ Seasonal ☐ Corporate (Business Name: _____)

PRIMARY APPLICANT

Home Address: _____ **City/State/Zip:** _____

Email Address: _____ **Phone:** _____

FAMILY INFORMATION

Spouse / Partner: _____ **DOB:** _____
Dependent 1: _____ **DOB:** _____
Dependent 2: _____ **DOB:** _____
Dependent 3: _____ **DOB:** _____

MEMBERSHIP & PAYMENT

Payment Method (if paying by Card a Credit Card Authorization form will be provided): ☐ Check ☐ Debit Card ☐ Credit Card ☐ Cash

Amount Due (to be provided by Club after verification and state taxes added): $_____

APPLICANT ACKNOWLEDGMENT

I hereby apply for membership at the Club and certify that the information provided on this application is accurate and complete. I understand that membership is subject to approval and that membership dues, fees, and use of club facilities are governed by the Club's current policies, rules, and regulations. I agree to abide by those policies and any amendments adopted by the Club.

Applicant Signature: _____

FOR CLUB USE ONLY

Reviewed by: _____ **Date:** _____
Approved by: _____ **Date:** _____
Membership #: _____ **Status:** ☐ Reviewed ☐ Pending ☐ Paid