



**THE BRIDGES**  
GOLF CLUB

# Membership Application

INDIVIDUAL       FAMILY       SENIOR

NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL ADDRESS	DATE OF BIRTH:	
DAYTIME PHONE:	EVENING PHONE:	
BILLING ADDRESS: (if different from mailing address):		

FAMILY MEMBERSHIP	Changing Privileges
NAME OF SPOUSE:	DATE OF BIRTH: <input type="checkbox"/>
NAME OF CHILDREN USING MEMBERSHIP:	DATE OF BIRTH: <input type="checkbox"/>
	DATE OF BIRTH: <input type="checkbox"/>
	DATE OF BIRTH: <input type="checkbox"/>
	DATE OF BIRTH: <input type="checkbox"/>

PLACE OF EMPLOYMENT:		
EMPLOYERS ADDRESS:		
CITY:	STATE:	ZIP:

CREDIT CARD NUMBER:	EXPIRATION DATE:
CREDIT CARD COMPANY:	
SOCIAL SECURITY NUMBER:	
DRIVER'S LICENSE NUMBER:	

I acknowledge that I have read, understand and accept the Membership By-Laws and Rules & Regulations, and I am in receipt of a copy of such Member By-Laws.	
MEMBER SIGNATURE:	DATE:
MEMBER SPOUSE SIGNATURE (FAMILY MEMBERSHIP):	DATE:

THE BRIDGES GOLF CLUB MANAGER SIGNATURE:	DATE:
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FOR CLUB USE ONLY
MEMBERSHIP NUMBER:
ACTIVATION DATE:
TERMINATION DATE:
FEEES
INITIATION FEE:
FIRST MONTHLY DUES:
PRORATE:
TOTAL:
VISA      MC      AMEX DISCOVER      DISCOVER      CHECK