

ESSEX COUNTRY CLUB APPLICATION FOR MEMBERSHIP

APPLICANT INFORMATION

Applicant Name(s) (H/W)	
Street Address	
City:	
State:	Zip:
Home Phone ()	Cell Phone ()
Email Address:	

MEMBERSHIP TYPE

Please Circle one

Individual	2 adults same household	Student (living at home)
Student (not living at home)	Junior (with senior affiliation)	Junior (Without affiliation)
Family (2 Adults & Children)	10 or 20 GF Punch Card Pass	12 Green Fee Coupon Book

Season Cart (Circle) Y N

CHILDREN MEMBERSHIP INFORMATION

Child 1 Name:		
Date of Birth: / /		Gender (Circle) Male Female
Child 2 Name:		
Date of Birth: / /		Gender (Circle) Male Female
Child 3 Name:		
Date of Birth: / /		Gender (Circle) Male Female
Child 4 Name:		
Date of Birth: / /		Gender (Circle) Male Female

SIGNATURES

I agree to release, hold harmless, defend, and/or indemnify Essex Country Club Inc. its directors, officers, employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any losses of personal property, damage or bodily injuries incurred or suffered by persons listed on this applications while on the property owned by the Essex Country Club.

Signature	Date:
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