



St. Clair Golf Club

St. Clair Golf Club

1714 North River Road

PO Box 5

St. Clair, MI 48079

Office: (810) 329-7300 Fax: (810) 329-6650

www.StClairGolfClub.com

Application for Membership

I hereby apply for membership in the St. Clair Golf Club

Date: _____

Member

Name: _____

SSN: _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-Mail: _____

Business: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Spouse

Name: _____

SSN: _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-Mail: _____

Business: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Eligible Dependents at Home

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Sponsoring Members

Name: _____

Name: _____

Please Check Category of Membership Applying For

Regular Family

Intermediate Family

Out-of-County Family

Social Dining

Regular Single

Intermediate Single

Out-of-County Single

Social Golf

Other _____

Billing Address Preference Business Home

By signing this application for membership, the applicant agrees to abide by and will cause their guests to abide by all of the rules and bylaws of that govern the membership and operations of this Club. Additionally, the applicant authorizes the St. Clair Golf Club to charge the following Credit Card Number for all over due invoices, balances, billed but unpaid as of the last day of each month.

Potential New Member Signature

Date

GOLF CLUB MEMBERSHIP CLASSIFICATION: _____

Terms of Membership:

- All Memberships are subject to approval by the Board of Directors
- All regular dues and minimums apply
- The paying of dues will commence starting the month of acceptance by the Board of Directors
- All members in this classification are subject to all assessments and other fees as determined by the Board of Directors, subject to the By-Laws of the Club.

IN CONSIDERATION FOR MEMBERSHIP, I AUTHORIZE THE ST. CLAIR GOLF CLUB TO COMPLETE A PERSONAL CREDIT BACKGROUND CHECK OF ME, PRIOR TO MY ACCEPTANCE AS A MEMBER.

Prospective Member Name

SCGC Representative

Prospective Member Signature

Signature

Date

Date

Credit Card Number

Exp Date

Name On Card

CVV

----- FOR OFFICE USE ONLY -----

Recommended by
Membership Committee:

Approved by Board of Directors:

House Account Number: