



St. Clair Golf Club

1714 NORTH RIVER ROAD
ST. CLAIR, MICHIGAN 48079
www.stclairgolfclub.com 810-329-7300

Application for Membership

I hereby apply for membership for St. Clair Golf Club

Today's Date: _____

Member Name _____

Spouse Name _____

DOB _____

DOB _____

Email _____

Email _____

Address _____

Alt. Address _____

City, State, ZIP _____

Main Phone _____

Alt. Phone _____

Business Name _____

Emergency Contact _____

Bus. Address _____

City, State, ZIP _____

Phone _____

Billing Preference <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Alternate	Were you a member previously? If so, when? _____
--	---

Eligible Dependents (under the age of 21, or full time student until the age of 24)

Name and DOB _____

Name and DOB _____

Name and DOB _____

Name and DOB _____

Sponsoring Member(s)

Name _____

Name _____

Type of Membership

- Regular Golf Family Regular Golf Single Intermediate Golf Family Intermediate Golf Single
- Junior Golf Out of County Golf Family Out of County Golf Single Rec. Social Dining Social

Credit Card Information (all major credit cards accepted)

Credit Card Number _____

Exp. Date _____

Security Code _____

Billing Zip _____

By signing this application for membership, applicant acknowledges that SCGC operates on a calendar year basis and that membership fees, dues, and charges are based on a twelve-month schedule. Dues, food and bar minimums and Capital Improvement Fund fees are mandatory and are not to be waived, even upon mid-year resignation. The applicant also agrees to abide by, and will ensure their guests abide by, all of the rules and by laws that govern the membership and operation of this club. Additionally, the applicant authorizes St. Clair Golf Club to charge the previously listed credit card for all overdue invoices and balances. Any checks returned for insufficient funds will be charged a fee of \$35.00.

Signature _____

Date _____