



# WATERTOWN GOLF CLUB, INC. MEMBERSHIP QUESTIONNAIRE 2024



DATE \_\_\_\_\_

I HEREBY APPLY FOR MEMBERSHIP IN THE WATERTOWN GOLF CLUB:

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME STREET ADDRESS \_\_\_\_\_ CITY & ZIP \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY & ZIP \_\_\_\_\_

HOME PHONE / CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

TYPE OF MEMBERSHIP (CIRCLE ONE)

FULL GOLF MEMBERSHIP      SOCIAL      OUTSIDE JUNIOR 16-21      DINNER ONLY      MEMBER CHILD 16-25

ARE YOU APPLYING AS A SPOUSE?    Y / N    IF YES PRIMARY MEMBER'S NAME \_\_\_\_\_

YOUR RELATIONSHIP \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

MEMBERSHIP IN OTHER CLUBS: \_\_\_\_\_

DO YOU CURRENTLY HAVE A USGA HANDICAP (CIRCLE ONE) YES \_\_\_\_\_ GHIN # \_\_\_\_\_ NO \_\_\_\_\_

SPOUSES NAME: \_\_\_\_\_

CHILDREN(S) NAMES AND AGES: \_\_\_\_\_

SIGNATURES OF TWO PRIMARY SPONSORING MEMBERS WITH LETTERS OF RECOMMENDATION BELOW IF POSSIBLE

PRIMARY SPONSOR: \_\_\_\_\_ # OF YEARS A MEMBER \_\_\_\_\_

SECONDARY SPONSOR: \_\_\_\_\_ # OF YEARS A MEMBER \_\_\_\_\_

LIST UP TO FIVE PRESENT MEMBERS YOU ARE ACQUAINTED WITH: \_\_\_\_\_

### 2024 MEMBERSHIP APPLICATION

APPLICANT'S SIGNATURE \_\_\_\_\_ For Outside Junior applications: Parents Name: \_\_\_\_\_  
Parents Signature: \_\_\_\_\_

Parent is responsible for all charges of an Outside Junior.

*FOR SPOUSE MEMBERSHIP OF A PRIMARY APPLICANT, THEY MUST FILL OUT THEIR OWN APPLICATION AND SUBMIT IT.*

For Committee use: Effective Date; \_\_\_\_\_ Signed; \_\_\_\_\_ Committee Chairman Tom Murphy