Moon Brook Country Club

Jamestown, NY 14701

Clear Form

Application for Membership

Name_____ Date of Birth _____

e-mail address _____ Cell Phone _____

Spouse/Significant Other _____ Date of Birth _____

e-mail address _____ Cell Phone _____

Mailing address _____

Home Phone _____ Business Phone _____

Marital Status _____ Membership Classification (explanations on page 2) _____

____ Single _____ Family (_____ *Significant Other Addendum*) _____ Dining Only

Dependent Children

Name _____ Date of Birth_____ Cell _____ e-mail _____

Name _____ Date of Birth_____ Cell _____ e-mail _____

Name _____ Date of Birth_____ Cell _____ e-mail _____

Firm or Profession_____ Position or Title _____

Previous Country Club Affiliation _____

Other Clubs, Societies or Organizations _____

I enclose my personal check in the amount of $ _____ which constitutes the initiation fee for this Membership classification. It is understood if this application is refused for any reason, the check will be returned immediately.

_____

Signature of Applicant

We the undersigned members of Moon Brook Country Club, do hereby sponsor and recommend the applicant. We certify to the correctness of the answers given in the application.

Proposed by _____ Second by _____

Signature _____ Signature _____

Date received by office: _____ Billing Dues Preference _____ Annual _____ Monthly