



SPECIAL MEMBERSHIP APPLICATION

I HEREBY APPLY FOR THE FOLLOWING MEMBERSHIP (Check All That Apply)

Special Membership _____ Plus Carts _____ Plus Spouse _____

MY CHECK TO YOUR ORDER FOR \$ _____ IN PAYMENT OF THE REQUIRED FEES IS ATTACHED.

THE FOLLOWING IS SUBMITTED FOR YOUR INFORMATION (Please Print):

1. FULL NAME: _____
2. BIRTHDATE: _____ PLACE OF BIRTH: _____
3. SPOUSE'S NAME: _____ BIRTHDATE: _____
4. HOME ADDRESS: _____ HOW LONG? _____
_____ PHONE #: _____
5. MAILING ADDRESS: _____
6. HIS EMAIL _____ @ _____ . _____ CELL PHONE _____
7. HER EMAIL _____ @ _____ . _____ CELL PHONE _____
8. RESIDED IN THIS AREA: _____ YEARS.
IF LESS THAN 5 YEARS – LAST RESIDENCE (City & State): _____
9. PRESENT MEMBERSHIP IN OTHER CLUBS: _____

YOU ARE AUTHORIZED TO INQUIRE ABOUT ME TO ANY OF THOSE NAMED, OR OTHERWISE. I REPRESENT THAT I HAVE NEVER BEEN EXPELLED FROM, REQUESTED TO RESIGN FROM OR DISCIPLINED BY ANY OTHER SOCIAL CLUB. I AGREE TO ABIDE BY THE RULES OF THE CLUB AND ALSO ALL RULES AND REGULATIONS LAID DOWN BY THE CLUB'S OWNERS OR ITS AUTHORIZED REPRESENTATIVES WITH REGARD TO THE USE OF THE CLUB'S PROPERTY OR CONDUCT THEREON, AND AGREE TO BE OF SUCH ASSISTANCE AS I CAN AT ALL TIME, IN PROMOTING THE WELFARE OF THE ORGANIZATION.

SIGNATURE OF APPLICANT

DATE

DO YOU KNOW ANY MEMBERS OF FORT BEND COUNTRY CLUB?

Name: _____

Name: _____

Own Cart? No Yes Onsite Offsite