



Arrowhead County Club Membership Application

Applicant Information

Name: _____ Date of Birth: _____
Address: _____ Marital Status: Married Single
City: _____ Zip Code: _____
Spouse: _____
Telephone: (Home, Cell) _____ Telephone: (Work) _____
Emergency Contact: Name: _____
Telephone: _____

*Dependents**

*under 21 years of age

Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

*Family Membership Fees**

*a family membership includes the applicant, spouse, children under 18 years of age and/or those who are full-time students or are active duty military status under 21 years of age. Dependents that exceed age limits can obtain an individual membership at the reduced initiation fee of \$250.00

Initiation Fee: \$500.00 Check Number: _____
Quarterly Dues: \$150.00 Date Received: _____
Date Approved: _____

Sponsoring Member: _____

