

MEMBERSHIP APPLICATION FORM

Type of Membership you desire:

- Corporate
 Full Golf
 Social
 Junior
 Non-residential

- Single Weekday AM
 Family Afternoon
 Single Afternoon

OHIO PRESTWICK COUNTRY CLUB

3751 GLEN EAGLES BLVD.
UNIONTOWN, OH 44685
(330) 699-3991 (330) 492-4180
Fax – (330) 699-0712

(please check one of the above)

CORPORATE APPLICATION

Corporation's Name _____
President's Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____
Federal I.D. # or Social Security # _____
Signature of Corporate President _____
Date _____

Note : For each Designee please
fill out lower portion

Names of Designees, Address & Phone #

1. _____ Phone _____

Spouse _____
2. _____ Phone _____

Spouse _____
3. _____ Phone _____

Spouse _____
4. _____ Phone _____

Spouse _____
5. _____ Phone _____

FULL GOLF OR SOCIAL APPLICATION

Names of children residing in Applicant's household

Applicant's Name _____
Birthday _____ Social Security # _____
Spouse's Name _____
Mailing Address _____
City _____ State _____ Zip _____
Name of Business _____
Position _____ How Long _____
City _____ State _____ Zip _____
Business Phone _____
E-Mail _____

1. _____ Birthday _____
2. _____ Birthday _____
3. _____ Birthday _____
4. _____ Birthday _____

Home Phone: _____
NUMBER OF GOLF PACKAGES
PER FAMILY

Mailing address where you desire all club
correspondence and statements to be sent

Home _____ Business _____

Applicant's Signature: _____
Please include a copy of Drivers License

I hereby make application for membership to Ohio Prestwick Country Club and agree, if approved, to comply with the by-laws and code of regulations as determined by the Club. Initiation Fee _____
Minimum Quarterly spending _____

This Membership Agreement supersedes any agreement currently on file.

Membership Acceptance _____ Date _____