

Equity Application

Date:

Member #

Applicant Name:

Spouse's Name:

Date of Birth:

Date of Birth :

Billing Address:

Billing Email:

Cell Phone:

Cell Phone:

Email Address:

Email Address:

Occupation:

Occupation:

Name of Business:

Name of Business:

Name of Child:

Date of Birth:

Name of Child:

Date of Birth:

Name of Child:

Date of Birth:

2 Equity Owner Signatures Required

I hereby recommend the aforementioned applicant for Equity Membership here at Madera Golf & Country Club. His/Her ownership will be an asset to our club and our activities.

Equity Member (Print)

Equity Member Signature

Equity Member (Print)

Equity Member Signature

Applicant Signature

I, the undersigned applicant, hereby understand and agree to following the bylaws set forth by the Madera Golf & Country Club Board of Directors and their policies that may be updated. I understand and will follow the membership expectations as provided with this application.

Applicant (Please Print)

Applicant Signature

Membership Referral

Referral Member: