



**APPLICATION FOR MEMBERSHIP**

Referred By: \_\_\_\_\_

**PERSONAL**

Applicant's Full Name \_\_\_\_\_  
First Middle Last Preferred

Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Primary E-Mail Address \_\_\_\_\_

Would you like your statement emailed? Yes  No

Statement Payment Options ACH  CREDIT CARD (3% surcharge)

Email Address for statement \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_  
First Middle Last Preferred

Date of Birth \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**PLEASE LIST NAMES AND BIRTH DATES OF CHILDREN UNDER 24 YEARS OF AGE.**

\_\_\_\_\_  
Name Birth Date

\_\_\_\_\_  
Name Birth Date

\_\_\_\_\_  
Name Birth Date

\_\_\_\_\_  
Name Birth Date

**IN THE CASE OF AN EMERGENCY, CONTACT:**

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**BUSINESS**

Applicant's Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nature of Business \_\_\_\_\_ Business Telephone \_\_\_\_\_

Applicant's Title \_\_\_\_\_ Length of Service \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nature of Business \_\_\_\_\_ Business Telephone \_\_\_\_\_

Spouse's Title \_\_\_\_\_ Length of Service \_\_\_\_\_

**REFERENCES**

**Social References: Please list clubs of which you are currently or have previously been a member.**

1. \_\_\_\_\_  
Name of Organization Address Telephone

2. \_\_\_\_\_  
Name of Organization Address Telephone

**Personal References – Steelwood Members**

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Member Name

**Other Personal References**

1. \_\_\_\_\_  
Name Phone Number

2. \_\_\_\_\_  
Name Phone Number

**Class of Membership – Please indicate the type of membership desired.**

Local \_\_\_\_\_ National \_\_\_\_\_ Junior \_\_\_\_\_ Junior Executive \_\_\_\_\_ Social \_\_\_\_\_ Corporate \_\_\_\_\_ Fishing \_\_\_\_\_

A copy of the applicant's identification is required.

Recent photographs of the applicant, spouse, and children under the age of 24 are appreciated, but not required.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date