



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