



APPLICATION FOR MEMBERSHIP

APPLICANT: _____

SPOUSE/SIGNIFICANT OTHER: _____

ADDRESS: _____

CHILDREN'S NAME AND AGES: _____

PLACE OF CURRENT EMPLOYMENT: _____

TIME AT CURRENT EMPLOYMENT: _____

TYPE OF MEMBERSHIP DESIRED: _____

HOME PHONE: _____

WORK PHONE: _____

E-MAIL ADDRESS: _____

CLUB MEMBER WHO CONTACTED YOU: _____

APPLICANT'S SIGNATURE: _____

Return this application to Hampton Country Club to the address at the top of this form. This application will then be delivered to the club member who contacted you about membership. That person will find two other club members to sponsor your application. Your application will then be presented to the Board of Governors at the next monthly board meeting. Sponsors and applicant will be notified when the application has been acted upon.

Date Filed

Date of Acceptance



SPONSORSHIP FOR APPLICANT

NAME OF APPLICANT: _____

We, as sponsors, agree to assume the responsibility for informing the applicant of all rules and regulations of Hampton Country Club when he/she has been accepted as a member.

FIRST SPONSOR: _____ (print)

_____ (signature)

SECOND SPONSOR: _____ (print)

_____ (signature)

THIRD SPONSOR: _____ (print)

_____ (signature)