

WESTGATE COUNTRY CLUB

APPLICATION FOR SUMMER MEMBERSHIP

Date:					
Applicants Name:					
Co-Applicants Name:					
Address:					
City:		State:	Zip:		
Email:					
Home Phone:		Cell Phone:			
Children/Family (<u>LIVING AT ADDRES</u>	SS LISTED /	4<i>BOVE</i>):			
Name	D/O/B	Name		D/O/B	
I, the undersigned, understand this ap	plication is c	only for the summe	er in which it is appl	ied.	
Beginning: Memorial Day	L	Ending: <u>L</u>	_abor Day		
I hereby agree to obey all the General	Rules of We	estgate Country C	lub upon acceptand	ce of my application.	
Applicant Signature:		_ Co-Applicant Si	gnature:		
Emergency Contacts for Children:		Recommo	Recommended By:		
1		1			
2		2			
3		3		_	
PAYMENT INFORMATION:					
Amount Paid: \$		Date	2:		
Cash, Venmo or Check –	<u>Check Numbe</u>	er:			