



MEMBERSHIP APPLICATION

**The Woodmere Club
99 Meadow Dr.
Woodmere, New York 11598
516-295-2500**

I am interested in acquiring a membership in The Woodmere Club (the "Club"). I understand the following information will be used to confirm my qualifications for membership and is subject to approval, payment of the required fees and dues, and continued compliance with the rules and regulations established by the club.

MEMBERSHIP CLASSIFICATION

Golf Membership House Membership Young Professional Membership
 (Spouse Golf Privileges? Yes No)

**All memberships are for a minimum 1 year, maximum 2 year commitment. If you commit to 1 year, you are subject to any dues changes in your 2nd year.*

PERSONAL

Candidate's Name _____

Social Security Number _____ Birth Date _____

Spouse's Name _____ Birth Date _____

Social Security Number _____ Anniversary Date _____

Home Address _____

Billing Address _____

College/Education _____ Spouse's _____

Club Communications Address _____

Telephone: Local Residence () _____ Telephone: Out of Town () _____

E-mail _____ Cell Number () _____

Spouse _____ Spouse _____

E-mail _____ Cell Number () _____

Please list below your unmarried children ages twenty-seven (27) and under:

<u>Name</u>	<u>Birth Date</u>	<u>Privileges</u>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Yes No
Yes No

BUSINESS

Candidate's Company Name _____ Title _____

Business Address _____

Telephone () _____ Years in Present Employment _____ Retired

Fax Number () _____ E-mail _____ Website _____

Spouse's Company Name _____ Title _____

Spouse's Business Address _____

Telephone () _____ Years in Present Employment _____ Retired

Fax Number () _____ E-mail _____ Website _____

BANKING RELATIONS

1. Name of Institution _____ Address _____

Officer to Contact _____ Telephone () _____

2. Name of Institution _____ Address _____

Officer to Contact _____ Telephone () _____

GOLF CLUB REFERENCES

(If Applicable)

1. Name of Club/Organization _____ Year Accepted _____

Type _____ Address _____

Telephone () _____ Contact Person _____ Present Member

PERSONAL REFERENCES

1. Name _____ Address _____

Years Known _____ Telephone () _____

2. Name _____ Address _____

Years Known _____ Telephone () _____

WOODMERE MEMBER REFERENCES

1. Name _____ Years Known _____

2. Name _____ Years Known _____

Upon signing this Membership Candidate Profile, I authorize the disclosure and release of information requested by the club for investigating my qualifications for membership, including without limitation, law enforcement records and credit history, and shall hold the club harmless from any and all such acts. I further authorize those persons or entities set forth in this statement to furnish all information requested by the club and agree to hold the club harmless from any and all such acts.

Membership is contingent upon approval by the club in accordance with the Membership Plan, payment of annual dues, fees and charges, and compliance with the Membership Plan Documents.

I also agree to maintain a current credit card (Visa, Mastercard or Discover) on file with the Club at all times. Payments are due on the 20th of the month. If payment is not received by the 25th of the month, I agree the club shall have the right to bill such past-due amount to my credit card.

Card Type _____ Account Number _____

Expiration Date _____ Security Code _____

Please submit a photocopy of your credit card (Visa, Mastercard or Discover) with your application.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing The Woodmere Club.

All information contained within this Membership Candidate Profile will be kept confidential by the club, except in the ordinary course of Club operations or as required by law.

If the person completing this Membership Candidate Profile is married, the signatures of both spouses are required.

Dated: _____ / _____
Signature

Dated: _____ / _____
Spouse's Signature

The Woodmere Club
99 Meadow Dr.
Woodmere, New York 11598
516-295-2500