

Covington Country Club, Inc.
P.O. Box 219
Covington, Tennessee 38019
(901) 476-8676

Application For Membership— Regular/ Senior/ Junior (Circle One)

Name of Prospective member : _____ *Date of Birth* _____

Address: _____ *City:* _____ *zip:* _____

Residence Phone: _____ *Cell:* _____

Employer: _____

Employer address: _____ *Employer Phone:* _____

Spouse : _____

Spouse Employer: _____

Spouse Employer address: _____ *Employer Phone* _____

Would you like to receive your statement electronically? _____ *E-Mail Address:* _____

Children—Name & Age

1. _____ 3. _____
2. _____ 4. _____

Recommended by (three Club Members in good standing, sign below):

1. _____
2. _____
3. _____

Will you be using your own golf cart on the course? Yes _____ *No* _____

If accepted, I agree to fully comply with all By-Laws, Policies and Regulations of the Covington Country Club, Inc. and that such application shall constitute a contract between such member and said corporation. I understand and agree that my commitment to membership is for no less than (12) twelve months.

Signed: _____ *Membership Fee: No initial fee to join*

Covington Country Club Board of Directors *Approved* *Disapproved*

Date Approved: _____