



Tripoli Country Club

MEMBERSHIP PROPOSAL

Type of Membership Requested:

I, the undersigned, hereby request consideration for Membership in Tripoli Country Club and agree, if accepted, to abide by and comply with the Articles of Incorporation of the Club and its By-laws, rules and regulations adopted from time to time. It is understood that if this request is not accepted, any payments made by me are to be refunded.

APPLICANT INFORMATION

Applicant Name:

DOB:	SSN:	Marital Status:
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Home Street Address:

City:	State:	ZIP Code:
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Home Phone:	Personal Email:
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Other Club Affiliations:

Name of Firm:

Position:	Type of Business:
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Business Address:

City:	State:	ZIP Code:
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Business Phone:	Mobile:	Fax:
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Business Email:

SPOUSE INFORMATION

Spouse Name:

DOB:	Personal Email:
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Name of Firm:

Position:	Business Email:
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Business Address:

City:	State:	ZIP Code:
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Business Phone:	Mobile:	Fax:
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CHILDREN (UNDER AGE 21)

First Name:	DOB:	First Name:	DOB:
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First Name:	DOB:	First Name:	DOB:
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PERSONAL OR BUSINESS REFERENCES

Name:	Address:
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Name:	Address:
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Name:	Address:
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NAME OF SPONSORS (TWO MEMBERS REQUIRED)

Name:	Club #
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Name:	Club #
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Signature of Applicant:	Date:
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