



Kittanning Country Club

MEMBERSHIP APPLICATION

MEMBERSHIP CLASSIFICATIONS

FULL	ASSOCIATE	JUNIOR	SOCIAL	CORPORATE __
__ Individual Male	__ Individual	__ Individual	__ Individual	
__ Individual Female	__ Husband/Wife		__ Husband/Wife	
__ Husband/Wife				
__ Transitional				
__ Intermediate				

APPLICANT INFORMATION

Primary Member: _____ Date of Birth: _____

Spouse: _____ Date of Birth: _____

Dependent(s): _____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

CONTACT INFORMATION

Home Phone: _____ Mobile Phone: _____

Business Phone: _____ E-Mail: _____

Mailing Address: _____ Business Address: _____

INVOICING PREFERENCE: _____ Home _____ Business _____ E-Mail _____ Postal Mail

I, the undersigned, do hereby apply for membership in the Kittanning Country Club. If approved by the Board of Trustees, I agree to abide by the By-Laws of the organization, it's Rules and Regulations as established by the Board of Trustees.

Member Sponsor: _____

Applicant Signature: _____ Date: _____

Approved by Board of Trustees Date: _____