



743-3549 (Club House) • 746-2801 (Golf Shop)

Golf & Country Club

3985 Country Club Dr. Lewiston, ID 83501

Membership Application

Type of Membership desired: Voting Young Adult Regional Social Student

Applicant's Name _____

Present Address _____

City _____ State _____ Zip _____ Phone _____

Previous Address (if less than 3 years at above) _____

E-mail Address _____ I do not wish to be on the e-mail list.

Social Security Number _____ Birthdate _____

Occupation / Position _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____ Phone _____

Send Statement and Newsletter to: Business Address Home

Previous Club Affiliation: Name _____ Phone _____

Dates From: _____ to: _____

Have You Ever Applied for Membership at the Lewiston Golf & Country Club? Y N

If Yes, When _____

Family Information: Spouse's Name _____ Birthdate _____

Spouse's Occupation _____ Employer _____

Will Your Spouse Play Golf? _____ Yes _____ No

Golf information: Your Handicap _____ GHIN Number _____

Spouse's Handicap _____ GHIN Number _____

Children (under the age of 21):

Name _____ Birthdate _____ Name _____ Birthdate _____

Name _____ Birthdate _____ Name _____ Birthdate _____

Names of Two Members as Sponsors:

1. _____ Length of Acquaintance _____

2. _____ Length of Acquaintance _____

Please list the names, addresses, and phone numbers of at least two personal references from your former community.

Please state why you have chosen The Lewiston Golf and Country Club for membership.

I understand that this is a request for a membership application. I agree to a comprehensive background check and I agree that all related communications with the club will be maintained by the club in confidence as privileged.

Date

Signature