



MAPLECREST
COUNTRY CLUB

MAPLECREST COUNTRY CLUB
611 Hackett Road
Goshen, IN 46528
(574) 533-1925 / FAX (574) 534-0730
maplecrestcountryclub.org

MEMBERSHIP# _____

- Business
- Golf - Family
- Golf - Couples
- Golf -Single
- Golf - Couples Senior
- Golf - Senior Single
- Golf - Intermediate
- Golf - Junior
- Conversion
- Social - Family & Business
- Social - Single
- Social - Junior

PERSONAL INFORMATION

Name _____
 Address _____
 City/State/ Zip _____
 Home Telephone _____
 E-mail Address _____
 Birth Date _____

EMPLOYER INFORMATION

Employer's Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 Position _____

Spouse _____
 Child _____
 Child _____
 Child _____

Contact to authorize business changes
 Name _____
 Title _____

Birth Date _____
 Birth Date _____
 Birth Date _____
 Birth Date _____

New business member must complete all personal information on application. A \$100.00 business transfer fee will be applied to business member account . Business membership statements are mailed to the business.

TRANSFER Bus Mbrshp from _____ to above employee; effective _____
 Authorization signature for change in membership _____ Date _____

PAYMENT OPTIONS

MEMBER DUES: Annually Monthly

Membership dues are a member's annual payment toward the operating cost of MCC and paying dues monthly is a convenience only. Upon acceptance into the club you are responsible for the entire year's dues. If you terminate your membership before payment of annual dues, the entire balance of the dues is immediately due and payable.

All applications and changes are subject to approval by the Board. Club membership includes applicant's immediate family members. The facilities of the Club will be available to the applicant upon Board approval as well as all paperwork signed and payment of all fees. Upon signing this application I agree to all terms with Maplecrest Country Club.

APPLICANT

Signature _____

APPLICANT'S SPOUSE

Signature _____

Upon Board approval of my/our application I/we hereby signify by my/our signature as members to abide by and observe MCC by-laws, rules and policies set by the Board of Directors.

Sponsor's Name _____ Sponsor's Signature _____

Approval Date _____

Board President Signature _____

Board Secretary Signature _____

INITIATION
DUES _____

less deposit ck# _____ Date _____ (_____) Balance Due _____