



Montaup Country Club
500 Anthony Road
Portsmouth, RI 02871

APPLICATION FOR ASSOCIATE MEMBERSHIP

Application Fee: \$50.00 payable at time of application. Applicants approved by the Board will be placed on the Waiting List for future openings in our Associate membership. Applicants will receive a voucher for a 18 hole round of golf at Montaup C.C. Terms and conditions may change at the discretion of the Board of Governors.

NAME _____ DOB (Must be 18 to apply) _____

HOME ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

HOME TELEPHONE (____) _____ - _____ CELL PHONE (____) _____ - _____

EMAIL ADDRESS _____

List memberships, present or past of any other golf club or other organization with which you are affiliated. _____

Has your membership in any organization been terminated under any circumstances other than as a member in good standing? Yes No
If yes, please explain _____

I hereby apply for an Associate Membership of Montaup Country Club, Portsmouth, RI. In the event of my selection, I agree to read and abide by the Bylaws and Policies as they are now or may be amended, including any changes in dues and fees.

Applicant's Signature _____ Date _____

FOR OFFICIAL USE ONLY



Date Received _____ Payment Received (No cash): Check _____ Money Order _____

Waiting List Number _____

(DUPLICATE ENTRIES AND/OR FAILURE TO COMPLETE FORM IN ENTIRETY WILL RESULT IN DISQUALIFICATION)