



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)