



Montaup Country Club
500 Anthony Road
Portsmouth, RI 02871

APPLICATION FOR ASSOCIATE MEMBERSHIP

Application Fee: \$50.00 payable at time of application. Applications will be accepted January 1, 2018 thru February 19, 2018. **Drawing will be held Monday 7:00pm, February 26, 2018.** The Associate Membership quota will be filled to 200 and an all remaining names will be drawn to fill a waiting list for Associate Membership. For those who are selected for Associate Membership, the application fee will be applied to your Associate Membership dues. For those applicants who are not selected, you will be awarded a voucher for one (1) 18 hole green fee and placed on the waiting list. 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)

