



Alexandria Golf & Country Club, Inc.

P.O. Box 5666 Alexandria, LA 71307

APPLICATION FOR MEMBERSHIP

PERSONAL

Applicant's Name _____

Date of Birth ___/___/___ Email Address _____

Local Residence _____
_____ Tel. Number _____

Spouse's Name _____

Date of Birth ___/___/___ Email Address _____

Please list children (Under 24 years of age, single and living at home)

1. _____ Date of Birth ___/___/___

2. _____ Date of Birth ___/___/___

3. _____ Date of Birth ___/___/___

MEMBERSHIP (check one)

_____ Stockholder _____ New Associate _____ Non-Resident
_____ Social _____ Junior _____ Other

BUSINESS

Applicant's Occupation _____ Title _____

Employer _____

Employer's Address _____
_____ Tel. Number _____

PERSONAL REFERENCES

1. Name _____
Address _____
_____ Tel. Number _____

2. Name _____
Address _____
_____ Tel. Number _____

PAYMENT PREFERENCE (check one) Auto Bank Draft _____ * Auto Credit Card _____ ** (provide info below)

The undersigned understands that Alexandria Golf & Country Club, Inc. is a private club and that membership is subject to approval and payment of the required dues and charges. Failure to remit payments in a timely manner may result in suspension and loss of all privileges as well as cancellation of any stock certificate issued to the member. Auto payments are required for all reinstated members.

Applicant's Signature _____ Date _____

Referred by _____

* Bank draft authorization forms may be obtained from the business office. 318-442-2870 Ext 2

For Office Use Only

Approved membership on _____ Member Type _____ Member # _____
Stockholder Y - N Certificate # _____ Certificate mailed to Member on _____
Member Options: MGA ___ LGA ___ 100 Club ___ Cart Plan ___ Range Plan ___
**Credit Card Information - Card Type: Amex ___ VISA/MC ___ Discover ___
**Card Number _____ Exp _____ CIV# _____
Initiation Fee _____ Dues _____ Stock _____ Total Paid with Application _____