



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 _____

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.

Applicant's Signature _____ Date _____

Referred by _____

For Office Use Only

Approved membership on _____ Member Type _____ Member # _____

Stockholder **Y - N** Certificate # _____ Certificate mailed to Member on _____

MGA ___ LGA ___ 100 Club ___ Cart Plan ___ Cart Owner ___ Shed # _____

Credit Card Payment Option **Y - N** Card Type _____

Card Number _____ Exp _____

Initiation Fee _____ Dues _____ Stock _____ Total Paid with Application _____