Application for Membership

INVERNESS
Golf & Country Club

3150 South Country Club Drive
Inverness, Florida 34450
(352) 726-2583

Date _____

Applicant's Full Name _____ DOB _____
Physical Address _____ Telephone _____
City _____ State _____ Zip Code _____ Cell Phone _____
Mailing Address _____
Email _____ Monthly Statements Emailed? Yes ___ No ____

Marital Status _____ Spouse's Name _____

I hereby make application for

( ) Family Golf ( ) Single Golf
( ) Weekend Family Golf ( ) Weekend Single Golf
( ) Associate Family Golf ( ) Associate Single Golf
( ) Family Social ( ) Single Social

membership in the Inverness Golf & Country Club, Inc., and agree to be bound by the rules and regulations of said club, a copy of which will be provided upon approval of this application. I also agree to purchase a share of corporate stock at $_____ price in effect at the time of application. It is further understood and agreed that my failure to utilize the facilities of the Club shall NOT reduce the membership fee and upon my resignation of the Club, my account balance must be paid in full before resignation will be accepted. This application is subject to the approval of the Board of Directors of the Inverness Golf & Country Club, Inc.

_____
Signature of Applicant

Revised 10/2017