



Ulen Country Club Membership Application Golf and Social



Name of Applicant _____

Membership Classification: Regular Golf (41 and older) Junior Golf (18-30) Intermediate Golf (31-40)
 Single Regular Golf Single Intermediate Golf Single Senior Golf
 Social Elite Social Intermediate Social (31-40) Non-Resident

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone (_____) _____ E-mail Address _____

Date of Birth ____/____/____ Social Security Number ____-____-____

Employer _____ Position _____

Business Address _____

Business Telephone (_____) _____ Fax (_____) _____

Marital Status Single Married Divorced Widowed

Name of Spouse (If Applicable) _____

Spouse's Date of Birth ____/____/____ Spouse's Social Security Number ____-____-____

Spouse's E-mail Address _____ Spouse's Employer (If Applicable) _____

Business Address _____

Business Telephone (_____) _____ Fax (_____) _____

Name of all children living at home, under 23 years of age who are full time students

_____ Birth Date: _____

_____ Birth Date: _____

_____ Birth Date: _____

_____ Birth Date: _____

If applicant has relatives who are or have been members of Ulen Country Club, please identify them below and state relationship:
