

Type of Membership Desired

- | | | |
|--|---|---|
| <input type="checkbox"/> Family Regular Golf (Age 41+) | <input type="checkbox"/> Family Intermediate Golf (age 31-40) | <input type="checkbox"/> Junior Golf (age 18-30) |
| <input type="checkbox"/> Single Regular Golf (age 41+) | <input type="checkbox"/> Single Senior Golf (age 65+) | <input type="checkbox"/> Single Intermediate Golf (age 31-40) |
| <input type="checkbox"/> Elite Social | <input type="checkbox"/> Social (age 41+) | <input type="checkbox"/> Intermediate Social (age 18-40) |
| <input type="checkbox"/> Twilight | <input type="checkbox"/> Associate Membership | <input type="checkbox"/> Fall Trial |

Personal Information

Name _____
Title First Middle Initial Last

Home Address _____
Street City State Zip code

Billing Address (If Different) _____
Street City State Zip Code

Home Phone Number _____ Cell Phone Number _____

Primary Email Address _____

Date of Birth _____

Marital Status: Single Married Widowed Domestic Partnership

Please fill out the Spouse/Significant Other information below, if applicable.

Spouse/Significant Other Name _____
Title First Middle Initial Last

Cell Phone Number _____ Date of Birth _____

Primary Email Address _____

Significant Other Must reside in the same residence as the applicant to qualify for family membership.

Professional Information

Applicant's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Phone Number _____ Years in Present Employment _____

Spouse/Significant Other Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Phone Number _____ Years in Present Employment _____

Family and Other Information

Please list children living at home, under 23 years of age who are full time students, attach an additional sheet as needed.

1. _____ Male Female
First Last Age Date of Birth
2. _____ Male Female
First Last Age Date of Birth
3. _____ Male Female
First Last Age Date of Birth
4. _____ Male Female
First Last Age Date of Birth

Other Club Memberships (*Previous & Current*) _____

If you have been a board member or preformed committee work at any of these clubs, please describe your involvement:

Please list by name any relatives who have been or currently are members of Ulen Country Club: _____

Why do you wish to join the Club? _____

Sponsor Information

Each application must be sponsored by a Ulen Country Club member in good standing. Please note sponsor name and have them sign this application. The undersigned members of Ulen Country Club verify that they are personally acquainted with the person who is making application for membership, vouch for the applicant's reputation for good character and creditworthiness, and express their belief that the applicant would make a good and valued member of Ulen Country Club.

1. Primary Sponsor _____
Printed Name Signature
2. Secondary Sponsor _____
Printed Name Signature

Authorization

The applicant acknowledges and agrees that (i) acceptance by Ulen Country Club of a check or other method of payment for deposit in connection with this application shall and does not constitute acceptance of applicant as a member; (ii) The Club is a private club which reserves the right to grant or deny membership as set forth in its Articles of Incorporation, bylaws, and rules and policies.

The applicant authorizes Ulen County Club to make sure investigation of applicant's affairs, financial and otherwise, as it deems appropriate to determine applicant's suitability for membership. The applicant further authorizes all persons or entities reflected on this application to disclose to the Club such information as may be pertinent to this application, including but not limited to, applicant's ability to pay all charges incurred at the club and applicant's reputation of financial trustworthiness and general reputation for good character.

The applicant understands that Ulen County Club does not discriminate in membership, employment or otherwise based upon race, creed, sex or national origin.

The applicant certifies, that all information set forth in this application is true and correct. The applicant agrees, if accepted for membership, to pay all fees, assessments and accounts at the time prescribed and to accept, abide and be governed by the Articles, bylaws and rules and regulations of Ulen Country Club, as currently in force or as may be amended from time to time. The applicant understands that termination or resignation of membership does not waive the initiation fee balance due. The Club shall be entitled to reimbursement for reasonable attorney fees, all costs of collections, costs of litigation, if applicable, and any other charges incurred with respect to the collection of any delinquent accounts, regardless whether litigation is instituted.

Applicant's Signature _____ Date _____

Spouse/Significant Other's Signature _____ Date _____
(If applicable)

Please drop off your application to our Administration Office, or you can email it to our Office Manager, Mercedes Jones, at mjones@ulenc.com.

ULEN COUNTRY CLUB
100 Country Club Drive, Lebanon, IN 46052
(765) 482-5310 | www.ulenc.com

For Office use only

Date Received _____

Effective Date of Membership _____

New Membership Number _____