

The Sycamore Country Club

2027 Golf Course Membership Application

Personal Information

- Full Name: _____
- Date of Birth: ____ / ____ / ____
- Address: _____
- City: _____ State: _____ ZIP: _____
- Phone Number: _____
- Email Address: _____
- Add a Spouses Name: _____
- Add a Child's Name: _____

Existing Member

- ☐ I am a current member renewing my membership
- Membership Type (if applicable): _____
- Years as a Member: _____

Membership Type

- ☐ Adult
- ☐ Senior (65 Years & older)
- ☐ Couple
- ☐ Family (Must live in same household)
- ☐ Senior Couple
- ☐ Junior (17 & younger)

Payment Information

Membership Fee: \$_____

- Payment Method:
 - ☐ Credit Card (A 3.5% processing fee will be added to all credit card payments)
 - ☐ Check
 - ☐ Cash
- Cardholder Name (if applicable): _____
- Card Number: _____
- Expiry Date: ____ / ____
- CVC Number: _____
- Billing Address (if different): _____

Signature

I hereby apply for membership at [Golf Course Name] and agree to abide by all club rules and regulations.

Applicant Signature: _____ Date: ____ / ____ / ____

Employee Signature: _____ Date: ____ / ____ / ____