



# Membership Application

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. or Suite: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Email is important to us. Our company has "Gone Green" and we send all of our upcoming information to our members via email and posting on our website. Please include your email address.

## BUSINESS INFORMATION

Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State & Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Position/Title: \_\_\_\_\_

## FAMILY INFORMATION

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Names of Children Under 23:  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Sex: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Sex: \_\_\_\_\_ Sex: \_\_\_\_\_

I am applying for a \_\_\_\_\_ Membership. I authorize the club to obtain such information as the club deems necessary to extend credit to me under a membership account at the Fox Hopyard Golf Club. Applicant and corporate designee (if applicable) agrees to conform, abide and be bound by the membership fees, rules and regulations of the club as they may be amended from time to time.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Accepted by Club: \_\_\_\_\_ Date: \_\_\_\_\_

**Feel free to contact us with any questions you may have:**

Local: (860) 434-6644 | Toll-Free: (800) 943-1903 | E-mail: foxhopyard@golfthefox.com | foxhopyard.com