



Punxsutawney Country Club
 PO Box 28
 Punxsutawney, PA 15767

I/We the undersigned do hereby apply for membership in the Punxsutawney Country Club, Inc. If accepted by vote of the membership, I/We agree to abide by the by-laws of the organization and its rules and regulations as established by the Board of Directors.

APPLICANT INFORMATION

Name _____ Date of Birth _____

Spouse's Name _____ Date of Birth _____

Contact Information

Street City Zip

Phone _____ Cell _____ Business _____

Children (List name and age of each)

1) _____ 3) _____

2) _____ 4) _____

TYPE OF MEMBERSHIP (Circle One)

- | | |
|----------------|-------------------|
| Family | Family (Under 30) |
| Man/Woman Golf | Under 30 Golf |
| Associate Golf | Out-of-Town Golf |
| Junior Golf | Special Junior |
| Social | Social Under 30 |

MEMBERS PROPOSING APPLICANT (2 required)

1) _____

2) _____

PAYMENT INFORMATION

Annual – Semi Annual Dues Structure \$ _____

Total \$ _____

Check Amount (Please include payment with application) \$ _____