



APPLICATION FOR MEMBERSHIP

233 Baker Street
Walpole, MA 02081
508-668-5868
Fax: 508-668-9969
www.walpolecc.com

Applicant(s) Name(s): _____
(Please Print)

Applicant(s) Name(s): _____
(Please Print)

Date: _____

Membership Category: Family
 Single Adult A
 Single Adult B
 Limited
 Social
 Other _____

APPLICATION WILL NOT BE CONSIDERED UNLESS ALL QUESTIONS ARE ANSWERED IN FULL.
If additional space is required, please add supplemental page(s) at the end of the application. Please type or print your responses clearly.

Applicant's Full Name: _____

Birth Date: _____

Marital Status: Single Married

Spouse Name: _____

Spouse Date of Birth (if applying): _____

Address: _____

City: _____ State/Zip _____ Years at this address _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____

Address of Additional Properties: _____

City: _____ State/Zip _____ Years at this address _____

Additional Phone: (_____) _____

Children's Names: (if applying)

Date of Birth

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Occupation: Position: _____

Company Name: _____

Company Address: _____

Business Phone: (_____) _____ Email: _____

Spouse's Occupation: _____

Company Name: _____

Company Address: _____

Business Phone: (_____) _____ Email: _____

EMERGENCY CONTACTS

Name: _____

Relationship: _____

Phone: (_____) _____

Phone: (_____) _____

Name: _____

Relationship: _____

Phone: (_____) _____

Phone: (_____) _____

Educational Background for each applicant *(excluding children)*

| Name | School/College | Years Attended | Degree Attained |
|------|----------------|----------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please list names, addresses and membership dates of any clubs or organizations (charitable, civic, private or professional) which you now or previously belonged.:

Please specify if you were an officer, committee chairperson or board member of any club or organizations:

Have you ever been denied membership in any clubs or organizations (charitable, civic, private or professional)? If so, please explain.:

Has your membership in any clubs or organizations (charitable, civic, private or professional) ever been suspended or terminated for any reason? If so, please explain.:

Name at least two (2) members of Walpole Country Club who are acting as your sponsors:

| | |
|--|-------------------|
| | Years acquainted: |
| | Years acquainted: |
| | Years acquainted: |
| | Years acquainted: |

List three (3) personal references other than sponsors.

| Name | Address | Phone | Years Acquainted |
|------|---------|-------|------------------|
| | | | |
| | | | |
| | | | |

Please share any additional information that you believe will be helpful to the Membership Committee in considering your application:

I/We hereby apply for membership category checked on the first page of this application at Walpole Country Club upon the following terms and conditions:

1. I/We agree to abide by the By-Laws, Rules and regulations of Walpole Country Club.
2. The Application for Membership is subject to the approval of the Board of Governors in its sole and absolute discretion, together with the payment of the required initiation fee, dues and other charges as established by the Board of Governors.
3. By signing this Application for Membership, you hereby authorized the disclosure and release of information to the Membership Committee of Walpole Country Club in order to investigate my character and credit qualifications for membership, to make inquiry with regard to any facts set forth herein, and to authorize those persons, businesses, charities or organizations listed herein to furnish information about me/us, including obtaining a credit report. This authorization will extend to inquiries extending to any members of my family. I hereby release the Membership Committee of Walpole Country Club and its Agents, Employees, Officers and Board of Governors from any and all liability or damages that may arise from the processing of this application or inquiries made with respect to matters set forth herein. If any information that I/We have furnished on this application should prove to be false at any time, it will be grounds for non-admission or if already admitted, will be grounds for expulsion.
4. We agree to pay all charges, including but not limited to initiation fees, dues and assessments, and any and all charges to my club account, by me, members of my family or my guests of fixed or assessed by the Board of Governors, by the last day of each month after being billed. Club accounts shall be considered delinquent if not paid by the last day of each month after being billed and will be subject to a late charge of \$25.00. In addition, Walpole Country Club can, without limitation, suspend my/our membership privileges and/or commence legal action to collect the balance due. Should Walpole Country Club place my/our account for collection, I/We agree to pay all costs of collection, including reasonable attorney's fees and interest at the Judgement Rate of Interest in Massachusetts currently 12% per annum.
5. I/We hereby agree to indemnify, defend and hold harmless Walpole Country Club from and against any and all claims, liabilities, and causes of action arising out of or relating to any acts or omissions by me/us, family members and guests while such persons are on or about the club facility, as well as assuming all risks of accident, damage or loss to I/We, family members and guests arising out of the use of Walpole Country Club facilities by such persons.

This application constitutes the entire agreement between the parties. This application supersedes all prior contemporaneous agreements, statements, and understandings of the parties whether oral or written. No warranties or representations, expressed or implied, have been made to any of the applicants.

_____ **Applicant Signature** _____ **Date** _____

_____ **Applicant Signature** _____ **Date** _____

DO NOT WRITE IN THIS SPACE – FOR CLUB USE ONLY

Application No: _____

Date Application Received: _____ Interview Date: _____

Date Approved by Membership Committee: _____

Circulation Date of Applicant: _____ Expiration Date: _____

Date of Approval by Board of Governors: _____