

APPLICATION REQUEST FOR MEMBERSHIP

Not a Membership Application.
Request To Be Completed By Member.



Shawnee Country Club

1700 Shawnee Road
Lima, Ohio 45805
(419) 227-7177

CONFIDENTIAL REQUEST FOR SHAWNEE COUNTRY CLUB APPLICATION
(To Be Completed by Shawnee Member)

Please Complete This Request Without Advising The Prospective Member.
The Board Will Issue An Application For Membership Only After Favorable Consideration Of This Request.

Name of Prospective Member _____

Address _____

Occupation and Title _____

Original Date of Residency in Lima Area _____

Past or Present Club Affiliations _____

What Personal Knowledge Do You Have of His/Her/Their Social and Domestic Life?

Your Acquaintance with Prospect and Number of Years? _____

Is He/She/They Financially Able To Assume Membership? _____

Why Do You Believe Applicant Should Be Favored For Membership? _____

Give names of at least Four other Shawnee Country Club members who may be contacted as references.

Date _____

Member's Signature _____

Member's Address (Street) _____

(City, State, Zip) _____

Type of membership desired: (Select One)

- | | | | |
|--------------------------------------|--|---------------------------------|---|
| <input type="checkbox"/> Golf | <input type="checkbox"/> Pool & Court | <input type="checkbox"/> Social | <input type="checkbox"/> Limited Associate |
| <input type="checkbox"/> Junior Golf | <input type="checkbox"/> Junior Pool & Court | <input type="checkbox"/> Legacy | <input type="checkbox"/> Business Sponsored |

Return To: Membership Chairman
 c/o Board of Governor's
 Shawnee Country Club
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