

*The Country Club of Waterbury*



*Membership Application*

*One Oronoke Road • Waterbury, CT 06708 • (203) 753-4171*  
*[www.ccwaterbury.com](http://www.ccwaterbury.com)*

**Type of Membership Desired**

Check one:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Full Golf Couple/Full Member    | <input type="checkbox"/> Young Executive Golf Couple/Full Member    | <input type="checkbox"/> Limited Golf Couple/Member |
| <input type="checkbox"/> Full Golf Couple/Limited Member | <input type="checkbox"/> Young Executive Golf Couple/Limited Member | <input type="checkbox"/> Recreational Member        |
| <input type="checkbox"/> Full Golf Individual Member     | <input type="checkbox"/> Young Executive Golf Individual Member     | <input type="checkbox"/> Dining Member              |

**Personal Information**

Name \_\_\_\_\_

Winter Address \_\_\_\_\_  
Street City State Zip Code

Summer Address \_\_\_\_\_  
Street City State Zip Code

Length of Time at Primary Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

- Single  Married  Divorced  Widowed

Spouse's Name \_\_\_\_\_ Spouse's E-mail Address \_\_\_\_\_  
(Significant Other)

Spouse's Date of Birth \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_

Spouse's Cell Phone Number \_\_\_\_\_

Please list your dependent children under the age of twenty-five:

Name \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female

Name \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female

Name \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female

**Business Information**

Applicant's Occupation and/or Nature of Business or Profession \_\_\_\_\_  Retired

Name of Company \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

Business Telephone Number \_\_\_\_\_ Business Fax Number \_\_\_\_\_

Years in Present Employment \_\_\_\_\_ Business E-mail Address \_\_\_\_\_

Spouse's Occupation and/or Nature of Business or Profession \_\_\_\_\_  Retired

Name of Company \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

Business Telephone Number \_\_\_\_\_ Business Fax Number \_\_\_\_\_

Years in Present Employment \_\_\_\_\_ Business E-mail Address \_\_\_\_\_

**Statement & Newsletter Preference**

E-mailed Newsletters

Home E-mail

Business E-mail

Mailed Statements

I prefer to receive my monthly billing at

Home

Business

I prefer to receive my general mail at

Home

Business

Do you play golf? \_\_\_\_\_ How long have you played golf? \_\_\_\_\_ USGA Handicap \_\_\_\_\_

Does your spouse play golf? \_\_\_\_\_ How long has your spouse played golf? \_\_\_\_\_ USGA Handicap \_\_\_\_\_

Do you play tennis? \_\_\_\_\_ How long have you played tennis? \_\_\_\_\_

Does your spouse play tennis? \_\_\_\_\_ How long has your spouse played tennis? \_\_\_\_\_

**Reference Information**

Please list membership in other Clubs, Fraternities or Organizations and positions held \_\_\_\_\_

I have been referred by the following Members at The Country Club of Waterbury:

Sponsor \_\_\_\_\_

Secondary Sponsor \_\_\_\_\_

I have not been referred by a current member at The Country Club of Waterbury

**Authorization**

By signing this application for membership at The Country Club of Waterbury, I hereby authorize The Country Club of Waterbury, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations. I also understand and agree that I (we) are committing to a dues and assessment schedule which is specified in accordance with the category of membership.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of The Country Club of Waterbury in the present form and as may be amended.

I understand that resignations from membership and transfers from golf membership to non-golf membership will only be accepted effective on two dates: June 1st and January 1st. Members wishing to resign or change classes must submit a written request to the Business Office at The Country Club of Waterbury prior to the effective date to be considered.

I also agree to maintain a current credit card account on file with the Club at all times. I authorize The Country Club of Waterbury to charge my credit card for any outstanding debts, including monthly billings of more than 15 days past due to The Country Club of Waterbury.

Card Type \_\_\_\_\_ Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing The Country Club of Waterbury.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_