

Pine Crest Golf Club

Membership Information Form

Name _____

Last

First

Address _____

City _____ Postal Code _____

Phone _____ Cell # _____

Email address _____

Date of Birth _____ (month, day, year)

What other clubs have you been a member at? _____

Type of Membership you are applying for _____

As a member of Pine Crest Golf Club I agree to abide by all the rules and regulations of the club. I acknowledge that failure to do so could result in membership termination. I also acknowledge the Pine Crest Golf Club is not responsible for personal belongings whether on the golf course, in the club house, on the driving range or in the parking lot.

Signature _____

Office use only....

Date of Application _____

Membership Code _____