



SPRINGVILLE COUNTRY CLUB, INC.
Po Box 157 Springville NY, 14141 (716)-592-4334

Golf Membership Application

Name _____ Spouse's Name _____

Street Address _____ Phone # _____

City _____ State _____ Zip Code _____

Date of Birth _____ Spouse's DOB _____

E-mail Address _____

Employer _____

Position _____

Street Address _____ Phone # _____

City _____ State _____ Zip Code _____

Type of Membership Requested _____

Other Club Memberships _____ Year Joined _____

Springville Member Sponsor _____

Sponsor Signature _____ Date _____

Children's Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Applicant's Signature _____ Date _____

For Office Use Only:

Date Application Received _____ Amount of Deposit \$ _____

Board of Directors Action _____ Date of Action _____

Membership # _____ Other Notes _____