

Searcy Country Club

2729 W. Country Club Road Searcy, AR 72143

Office - 501-268-8577

www.searcycountryclub.com

Fax 501-279-9129

MEMBERSHIP APPLICATION			
GOLF _____	SOCIAL _____	CORPORATE _____	

Name _____ Age _____

Residence Address _____

Business Address _____

Home Phone _____ Office Phone _____ Cellular Phone _____ e-mail _____

Employed by _____ Position _____

Married _____ Unmarried _____ Name of Spouse _____

Children (names & ages)

Member Civic Clubs/Organizations

Reference _____ Phone _____

Reference _____ Phone _____

Witness my signature this _____ day of _____, 20 _____

Applicant

Date approved _____ By _____

SIGN BOTH DRAFTS – ONE FOR YOUR BANK AND ONE FOR THE CLUB FILES

BANK DRAFT AUTHORIZATION	
I authorize the SEARCY COUNTRY CLUB, INC. to draw a draft on my account in	
_____, starting _____, 20 _____	
Name of Bank	(month, day, year)
And each consecutive month thereafter until further notice.	
TO BE USED FOR PAYMENT OF DUES ONLY _____	
SIGN EXACTLY AS IN YOUR BANK ACCOUNT	

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