

SIKESTON COUNTRY CLUB
P.O. BOX 675
SIKESTON, MISSOURI 63801

Club Secretary
P.O. Box 675
Sikeston, Missouri 63801
Telephone & Fax: 573-472-0656
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APPLICATION FOR MEMBERSHIP TO THE SIKESTON COUNTRY CLUB

I HEREBY REQUEST MY NAME TO BE PLACED IN NOMINATION FOR MEMBERSHIP TO
THE SIKESTON COUNTRY CLUB

1. THE MEMBERSHIP IS A **REGULAR** MEMBERSHIP _____
2. THE MEMBERSHIP IS A **SOCIAL MEMBERSHIP** (Restricted to Clubhouse Privileges **ONLY**) _____
3. THE MEMBERSHIP IS A **SINGLE UNDER 35** MEMBERSHIP _____
4. THE MEMBERSHIP IS A **SINGLE 35 or OVER** MEMBERSHIP _____
5. THE MEMBERSHIP IS A **MARRIED UNDER 35** MEMBERSHIP _____
6. THE MEMBERSHIP IS A COMPANY MEMBERSHIP _____

IF COMPANY OWNED, THE MEMBERSHIP IS OWNED BY _____

NAME OF APPLICANT _____

FULL ADDRESS _____

NAME OF WORKPLACE _____ **SPOUSE'S WORKPLACE** _____

BUSINESS PHONE _____ **SPOUSE'S BUSINESS PHONE** _____

HOME PHONE _____ **CELL PHONE (S)** _____

SIGNATURE OF APPLICANT _____ **Birthdate** _____

(M) OR (S) IF MARRIED, SPOUSE'S NAME _____ **Birthdate** _____

SIGNATURE OF AUTHORIZED AGENT IF THIS MEMBERSHIP IS A COMPANY OWNED MEMBERSHIP _____

EMAIL ADDRESS(S) _____

_____ **Receive Newsletter by MAIL** _____ **Recieve Newsletter by email or website** www.sikestoncc.com

THE FOLLOWING MEMBER OF THE SIKESTON COUNTRY CLUB SPONSORS THE ABOVE NAMED APPLICANT FOR MEMBERSHIP TO THE SIKESTON COUNTRY CLUB. THE BOARD MEETS THE **3RD WEDNESDAY OF EACH MONTH TO APPROVE** APPLICATIONS FOR THE FOLLOWING MONTH. Applications become void if prospective member has not joined within 30 days from approval date.

SPONSOR'S SIGNATURE _____ **Print Name** _____