



# NAKOMA GOLF CLUB MEMBERSHIP APPLICATION

PHONE: 608.238.3141 | WEBSITE: www.nakoma.org

Please complete all requested information on this form. Have your membership sponsor complete their required sections. Once this nomination form has been submitted to the Membership Director, the information will be taken to the Board of Directors for a vote. The Membership Director will notify you once a decision is made.

Membership Type:

Membership Dues Option:  Annual  Monthly

Application Date:

## NOMINEE PERSONAL INFORMATION

Nominee's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Employers Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Family Status:  Married  Domestic Partner  
 Single

## DEPENDENTS UNDER 23 YEARS OF AGE

Please list unmarried children under 23 years old. All children listed here will be given the privilege of charging to primary member account.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

## SPOUSE/DOMESTIC PARTNER

Complete if family status is checked Married or Domestic Partner

Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Employers Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

## TELL US ABOUT YOURSELF

What club activities interest you most?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What events would you be interested in attending at the club?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interests & Hobbies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## WINTER ADDRESS (IF APPLICABLE)

Winter Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Winter Phone #: \_\_\_\_\_

### GOLF

### SOCIAL POOL & TENNIS

### SOCIAL

Full Play Ages 40-64

Social, Pool & Tennis Ages 36-64

Social Clubhouse

Senior Full Play Age 65+

Senior Social, Pool & Tennis Age 65+

Senior Social Clubhouse Age 65+

Golf Social

Intermediate Social, Pool & Tennis Ages 26-35

Non-Resident Social

Intermediate Full Play Ages 36-39

Social Pool

Intermediate Full Play Ages 31-35

Social Tennis

Junior Full Play Ages 23-30

Non-Resident Full Play

\*All memberships require a one year commitment. Initiation fee applies to all categories

### SPONSOR

### REFERENCE

SPONSOR- A prospective member must be sponsored by an active Nakoma Golf Club member in good standing.

REFERENCE- Should a prospective member not know any current members, the Club Manager shall, at their discretion, sponsor the prospective member with an adequate reference.

Member Sponsor Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Member Sponsor #: \_\_\_\_\_

Reference Phone #: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

Reference Email Address: \_\_\_\_\_

How long have you known the Nominee: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

What are the principal reasons your nominee would make a fine member of Nakoma Golf Club?

### HOW DID YOU HEAR ABOUT NAKOMA?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Friend/Family Member  Other \_\_\_\_\_  
 Flyer or Mail \_\_\_\_\_  
 Attended an event \_\_\_\_\_  
 Social Media or Ad \_\_\_\_\_



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## DISCLOSURE & AUTHORIZATION, BYLAWS ACKNOWLEDGEMENT & PHOTOGRAPHY WAIVER

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By signing this document, I/we are applying for membership to Nakoma Golf Club.

I do \_\_\_\_\_ I do not \_\_\_\_\_ authorize Nakoma Golf Club to contact my current employer for Employment and Reference Verifications.

If my nomination form is approved and accepted by the Board of Directors of Nakoma Golf Club, I agree to be bound by the bylaws, rules and regulations of the club in effect and hereafter adopted. Upon termination of membership for any reason, I/we agree to pay all dues, assessments and outstanding club charges that I/We have or would have incurred through December 31st of that year the terminate notice was received by the Club.

I acknowledge that any photographs taken of myself and family at Nakoma Golf Club may be used for promotional purposes. Uses may include but are not limited to posting photographs on the Nakoma Golf Club website, social media, newsletters, email communications and media boards. Nakoma Golf Club will be the rightful owners of these images.

Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

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

### FOR OFFICE USE ONLY

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Approval of Nomination by the Board of Directors  
on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Signature of Club Manager: \_\_\_\_\_

Print Club Manager Name: \_\_\_\_\_



# NAKOMA GOLF CLUB PAYMENT FORM

## SELECT ONE OPTION:

I would like to set up ACH Automatic payments with a bank account.

Select one:

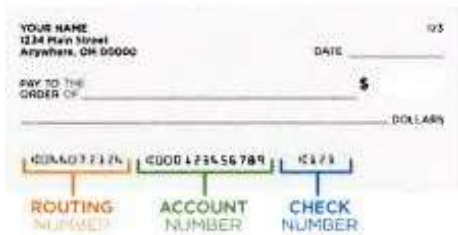
Checking

Savings

Account Number (see sample below): \_\_\_\_\_

Routing Number (see sample below): \_\_\_\_\_

Financial Institution: \_\_\_\_\_



I would like to set up ACH Automatic payments with a credit card.

Card Type:

American Express

Discover

Master Card

Visa

Credit Card Billing Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number : \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (see sample below): \_\_\_\_\_



Please deduct my statement balance on the 10th of each month from the account/credit card listed above. I understand that my account is not satisfied within 40 days, in compliance with the financial obligations of membership, the credit card listed above will be charged. I also understand a 4% fee is included with all credit card charges.

Member Name: \_\_\_\_\_

Member #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_