



MEMBERSHIP REGISTRATION FORM

Member Name _____ Birth date _____

Spouse's Name _____ Birth date _____

Dependent Name(s) _____ Birth date _____

*include full-time _____ Birth date _____

students up to age 22. _____ Birth date _____

Member Occupation _____ Company _____

Home Phone _____ WorkPhone _____

Primary Address _____

City _____ State _____ Zip _____

Alternate Address _____

City _____ State _____ Zip _____

Sponsoring Member _____

MEMBERSHIP TYPES: (please check one)

_____ **REGULAR** – Member 36-61 yrs. with full use of facility

_____ **INTERMEDIATE** – Member 30-35 yrs. with full use of facility

_____ **JUNIOR** – Member under 30 yrs. with full use of facility

_____ **SENIOR** – Member 62+ yrs. with full use of facility

_____ **YOUTH** – Member up to 18 years of age

_____ **SOCIAL** – Use of all amenities (limited golf privileges)

_____ **HONORARY**

_____ **CORPORATION**

Member agrees to the terms and conditions set forth in the attached financial agreement in return for full membership privileges. Furthermore, member accepts full responsibility for actions of all family members and visitors of said member, while they are at Prestwick.

Member Signature Date

Accepted By

Printed

Printed