

EAGLES MERE COUNTRY CLUB

P.O. Box 360 Eagles Mere, PA 17731

570-525-3475 x3

Application for Visitors' Membership

(Please print clearly or type all information hereon except signatures.)

Applicant's Full Name _____

Date of Birth ____/____/____

U.S. Citizen yes no

Billing Address

Email Address

Cell Phone Number

Do you own property in Eagles Mere? yes no

(____)_____-_____

Occupation/Employer:

Home Phone Number

(____)_____-_____

Immediate Family (included in Visitors' Membership: significant other and unmarried children through age 25 staying under the same roof.)

Significant Other's Name _____

Children's Name and Ages _____

Desired Dates of Membership

Rental Property Address

Rental Property Phone Number (If Applicable)

(____)_____-_____

What prompted your application today? Please mark all that apply.

Newspaper Ad Social Media Member Other _____

If you know any members of EMCC, please list them here.: _____

Would you like to speak with someone about your visitors' membership, set up a tour or discuss other membership options? Yes _____ No _____

I agree to pay the weekly dues in advance and understand that I am responsible for all food, drinks, fitness, green, cart, and court fees applied to my account. I understand that I will be billed for an additional week if I use the Club beyond the dates listed on this application and that I will not exceed 30 days.

Applicant's Signature _____ Date ____/____/____