

MARYLAND NATIONAL

★ GOLF CLUB ★

(please print or type)

Date: _____

Type of Membership

Individual Full
Individual Weekday
Corporate Primary & Associate
Corporate Advertising Package

Family Full
Family Weekday
Additional associate designees _____

Primary Applicant

New members MUST supply the following information in order to establish your membership. All applicants are accepted upon credit approval.

Individual Information

Full Name _____

Home Address _____

Phone # () _____

Date of Birth _____ Social Security # _____

Credit Card # _____ Expiration Date _____

Business Information

Company Name _____ Title _____

Address _____

Business Phone # () _____ E-mail Address _____

Please send all correspondence to my home my business

Payment Method

Please charge my credit card and send a copy of statement.

Credit Card # _____ Expiration Date _____

Check is enclosed.

Spouse and Family Dependant Information

Spouse _____ Social Security # _____

Child _____ Social Security # _____ Age _____

Child _____ Social Security # _____ Age _____

Child _____ Social Security # _____ Age _____

Cancellation

Maryland National Golf Club reserves the right to terminate this program any time by giving notice in writing to all members 60 days prior to termination. Upon termination of the program, the Annual fee (s) will be refunded to the member (s) on a pro-rata basis for the remaining months in each membership.

I fully understand the parameters of the membership (s) offered and agree to all terms and conditions.

Authorized Signature _____ Date _____