

MARYLAND NATIONAL

★ GOLF CLUB ★

(please print or type)

Date: _____

Type of Membership

- | | |
|--|---|
| <input type="checkbox"/> Individual Full | <input type="checkbox"/> Family Full |
| <input type="checkbox"/> Individual Weekday | <input type="checkbox"/> Family Weekday |
| <input type="checkbox"/> Corporate Primary & Associate | <input type="checkbox"/> Additional associate designees _____ |
| <input type="checkbox"/> Optional Trail Fee | <input type="checkbox"/> Associate Membership |
| o Qty Purchased _____ | |

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 _____

E-mail Address _____ Home Phone # () _____

Date of Birth _____ Cell Phone # () _____

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 _____ E-mail Address _____

Child _____ Age _____

Child _____ Age _____

Child _____ 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 _____

CORPORATE APPLICANTS ONLY

With Corporate Membership, you as the individual designee accept responsibility for all charges and billings.

Company Name _____ Phone # () _____

Address _____

Please send all correspondence to my home my business.

Second Designee

Full Name _____

Home Address _____

Home Phone # () _____ Title _____

Work Phone # () _____ Date of Birth _____

E-mail Address _____ Social Security # _____

Credit Card # _____ Expiration Date _____

Third Designee

Full Name _____

Home Address _____

Home Phone # () _____ Title _____

Work Phone # () _____ Date of Birth _____

E-mail Address _____ Social Security # _____

Credit Card # _____ Expiration Date _____

Fourth Designee

Full Name _____

Home Address _____

Home Phone # () _____ Title _____

Work Phone # () _____ Date of Birth _____

E-mail Address _____ Social Security # _____

Credit Card # _____ Expiration Date _____

Fifth Designee

Full Name _____

Home Address _____

Home Phone # () _____ Title _____

Work Phone # () _____ Date of Birth _____

E-mail Address _____ Social Security # _____

Credit Card # _____ Expiration Date _____

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Authorized Signature _____ Date _____