



Troy Country Club

Membership Application

Name: _____ Birthday: _____

Phone: _____ SS#: _____

Spouse's Name: _____ Birthday: _____

Dependent's Name & Ages: _____

Street Address _____ City _____ State _____ Zip _____

Place(s) of Employment _____

Credit Card Number* _____ Exp. Date _____ Security Code _____

The Club requests a valid credit card number on file for each membership. We can also charge your card monthly for all charges, with your authorization. The account is charged on either the 7th or the 17th (**Circle on if preferred**)

I authorize Troy Country Club to charge my card monthly for any charges incurred: YES _____ NO _____

Email Address: _____

Spouse Email: _____

Sponsoring Member: _____

Membership Level: (**please circle one**) Full Golf Social Dining Only

I hereby apply for membership with the Troy Country Club for a period of not less than one year. If accepted, I agree to abide by the rule and regulations of the Club, now in effect of furthermore adopted. In return, the initiation fee will be waived. I acknowledge the receipt of the current rules and regulations of the Club.

Signature: _____ Date: _____