

2020
NEW MEMBER APPLICATION



(Please Print)

- | | |
|---|--|
| <input type="checkbox"/> TRIAL | <input type="checkbox"/> CLERGY |
| <input type="checkbox"/> CORPORATE | <input type="checkbox"/> JUNIOR 12-19 |
| <input type="checkbox"/> INTERMEDIATE 25-34 | <input type="checkbox"/> STUDENT 20-24 |
| <input type="checkbox"/> SOCIAL | <input type="checkbox"/> SOCIAL GOLF |

Applicant Name: _____

Applicant DOB: _____

Co-Applicant: (Spouse or Significant Other) _____

Co-Applicant DOB: _____

Address: _____

City: _____

State, Zip: _____

Home phone: _____

Business or Cell phone: _____

Children: _____ Age: _____

_____ Age: _____

_____ Age: _____

Email Address: _____

Send Statement To: (circle one) HOME BUSINESS

If business include address:

Applicant Signature

Date

Parent or Guardian (if applicant is under 18 years old)

Date

Referred by: (if applicable) _____

Please email to: mcc@mesabacc.com or mail to: Mesaba Country Club - P.O. Box 157 - Hibbing, Mn 55746