



PO Box 3122
 Mankato, MN 56002
 Bus. (507) 387-5676
 www.mankatogolfclub.com

APPLICATION FOR MEMBERSHIP

DATE OF APPLICATION _____

NAME _____
 BIRTHDAY _____
 PHONE _____
 EMAIL _____

SPOUSE'S NAME _____
 BIRTHDAY _____
 PHONE _____
 EMAIL _____

HOME ADDRESS _____

CITY _____ STATE ____ ZIP _____

BUSINESS NAME _____
 BUSINESS ADDRESS _____
 BUSINESS PHONE _____

CITY _____ STATE ____ ZIP _____
 EMAIL _____

PLEASE LIST CHILDREN AND THEIR POTENTIAL DESIRED ACTIVITY AREAS:

NAME(S)	DATE OF BIRTH	GOLF	SWIMMING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMAIL ADDRESS FOR MONTHLY STATEMENT _____

I AM APPLYING FOR A: REGULAR REGULAR-SINGLE INTERMEDIATE
 SOCIAL PREFERRED COMMERCIAL-SOCIAL PREFERRED
 SOCIAL

MEMBERSHIP IN THE MANKATO GOLF CLUB AND AGREE TO COMPLY WITH ITS BY-LAWS AND REGULATIONS

SIGNATURE OF APPLICANT _____ EFFECTIVE DATE _____

DATE RECEIVED BY OFFICE _____ ACCOUNT NUMBER ASSIGNED _____