



Thank you for your interest in joining the Beloit Club! Please complete the following application and submit it to info@thebeloitclub.com.

PRIMARY MEMBER INFORMATION

PERSONAL INFORMATION

*First Name	*Last Name
*Address	
*City	
*State	*Zip Code
*Date of Birth	
Home Phone #	Cell Phone #
*Email Address	
*Marital Status	Anniversary Date

BUSINESS INFORMATION

Name of Employer	
Occupation/Nature of Business	
Title	Years in Present Employment
Business Address	
City	
State	Zip Code
Business Telephone #	Fax Number
Business Email Address	

CORRESPONDENCE

*Email Club Billings To	<input type="checkbox"/> Personal	<input type="checkbox"/> Business
*Email All Other Correspondence To	<input type="checkbox"/> Personal	<input type="checkbox"/> Business

*Denotes Required Field

FOR OFFICE USE ONLY

Member Number	<input type="checkbox"/> Setup in Jonas	<input type="checkbox"/> Community List
Payment Type	<input type="checkbox"/> Billed through Jonas	<input type="checkbox"/> SpreadSheet



SPOUSE / SIGNIFICANT OTHER INFORMATION

PERSONAL INFORMATION

*First Name	*Last Name
*Date of Birth	
Home Phone #	Cell Phone #
*Email Address	

BUSINESS INFORMATION

Name of Employer	
Occupation/Nature of Business	
Title	Years in Present Employment
Business Address	
City	
State	Zip Code
Business Telephone #	Fax Number
Business Email Address	

*Spouse/Significant Other Signature _____

*Denotes Required Field



DEPENDENT INFORMATION

Dependent children living in the member's home, up to the age of 23 (whether in school or not), are considered members under the primary members account.

*Do your children have charging privileges?

Yes

No

DEPENDENT ONE

First Name	Last Name
Date of Birth	Male/Female
School	

DEPENDENT TWO

First Name	Last Name
Date of Birth	Male/Female
School	

DEPENDENT THREE

First Name	Last Name
Date of Birth	Male/Female
School	

DEPENDENT FOUR

First Name	Last Name
Date of Birth	Male/Female
School	

DEPENDENT FIVE

First Name	Last Name
Date of Birth	Male/Female
School	

*Denotes Required Field



MEMBERSHIP CATEGORIES

*Select the category of membership you are applying for:

GOLF PLUS	GOLF	SPORT	SOCIAL	DINING
Family	Family	Family	Family	Family
Individual	Individual	Individual	Individual	Individual
Senior : Family	Senior : Family	Senior : Family		
Senior : Individual	Senior : Individual	Senior : Individual		
Young Prof. (Under 30) : Family	Young Prof. (Under 30) : Family	Young Prof. (Under 30) : Family		
Young Prof. (Under 30) : Individual	Young Prof. (Under 30) : Individual	Young Prof. (Under 30) : Individual		
Young Prof. (Under 40) : Family	Young Prof. (Under 40) : Family	Young Prof. (Under 40) : Family		
Young Prof. (Under 40) : Individual	Young Prof. (Under 40) : Individual	Young Prof. (Under 40) : Individual		

SPONSORING MEMBER

SPONSORING MEMBER INFORMATION (if applicable)

First Name	Last Name
Phone Number	

APPLICATION FOR MEMBERSHIP

The undersigned hereby requests and applies for the classification of membership indicated below by marking the appropriate box and agrees to pay annual dues plus all applicable taxes, to Beloit Club LLC or its designees.

PAYMENT OF MEMBERSHIP FEE

The undersigned hereby acknowledges and agrees that the current published annual membership dues, plus any applicable taxes, shall be paid to the Beloit Club or its designees upon submitting this application.

Applicant/Member	Date
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Significant Other	Date
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Completed applications can be dropped off at the Beloit Club or emailed to info@thebeloitclub.com.

*Denotes Required Field