

# Adult Membership Application

## Segregansett Country Club

85 Gulliver Street, Taunton, MA 02780

Web site: [segregansett.com](http://segregansett.com)

Main Phone: 508-824-9110 Fax 508-821-3869

Contact: Dawn Poole, General Manager 508-824-9110, ext 112; [dawn@segregansett.com](mailto:dawn@segregansett.com)

To be completed by the office

Date Received: \_\_\_/\_\_\_/\_\_\_ Member # \_\_\_\_\_ New Member \_\_\_\_\_ Returning Member \_\_\_\_\_

To the Board of Governors of Segregansett CC I desire to make an application for one of following:

\_\_\_\_\_ Single Golf \_\_\_\_\_ Young Adult (21-29) *Date of Birth* \_\_\_\_\_

\_\_\_\_\_ Family Golf \_\_\_\_\_ Young Adult (30-35) *Date of Birth* \_\_\_\_\_

\_\_\_\_\_ Corporate Golf

\_\_\_\_\_ Social Golf

If responding to a promotional program the Club may be currently marketing, please outline the program you are interested in? Junior Memberships, please use Junior Membership App.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ C/H

SIGNATURE \_\_\_\_\_

Employer/Business: \_\_\_\_\_ Occupation \_\_\_\_\_

(Not required for junior members)

Referring Members / Current Segregansett Members who knows you / If No one, so note.

Member or Recent Member of Following Clubs: (Golf, Social, or Fraternal)

\_\_\_\_\_ GHIN# \_\_\_\_\_

If you resigned from the above club, please indicate date: \_\_\_/\_\_\_/\_\_\_

Reason for resignation: \_\_\_\_\_

*Please forward your completed application along with a copy of your driver's license to  
[dawn@segregansett.com](mailto:dawn@segregansett.com) & [membership@segregansett.com](mailto:membership@segregansett.com)*

APPLICANTS for *Family Membership* and *Corporate Membership* are also required to furnish information with respect to the persons who will be part of the membership. A copy of a valid ID for each member is required.

***Family Name(s)***

**Spouse**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ C/H

**Junior Family Members (Under 21)**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

APPLICANTS for *Corporate Membership* are required to furnish information with respect to the persons who will be in their Corporate Membership: Copies of Driver's Licenses are required

Name \_\_\_\_\_ Corporate Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Corporate Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Corporate Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Corporate Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_