



Membership Application

Member Information:

Name of Applicant / Member _____

Street Address _____

City _____ State _____ Zip _____

Referred By _____

Home Telephone (_____) _____

Mobile Telephone (_____) _____

Date of Birth ____/____/____

Marital Status: Single _____ Married _____ Other _____

Employment _____

Title _____ Years in present employment _____

Business Address _____

City _____ State _____ Zip _____

Business Telephone (_____) _____

Military Service Active _____ Inactive _____ Branch _____ Rank _____

Email Address _____

Other Current Golf or Private Club Memberships:

Name of Club City/State

Name of Club City/State

Spouse Information:

Spouse Name _____

Employment _____

Title _____ Years in present employment _____

Business Address _____

City _____ State _____ Zip _____

Business Telephone (_____) _____

Military Service: Active _____ Inactive _____ Branch _____ Rank _____

Email Address _____

Mobile Telephone (_____) _____

Date of Birth _____ / _____ / _____

Dependent Information

Unmarried children who are under the age of twenty-two (22) and either living in the Member's home or attending school on a full time basis.

Name (First & Last)	Date of Birth	M/F	Charging Privileges Y/N
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____

Conditions of Membership

1. *Application for membership privileges.* Please indicate below your desire to apply for a membership at Sapona, by marking the appropriate box.

Membership Classification

- _____ Full Member (Age 21-64) \$195.00/Month
- _____ Senior Member (Age 65 +) \$170.00/Month
- _____ Non-Resident Member (Outside of Davidson County) \$170.00/Month
- _____ Young Adult Member (Age 35 to 40) \$170.00/Month
- _____ Junior Member (Age 21 to 34) \$100.00/Month
- _____ Student Member (Up to age 22, and attending school) \$50.00/Month
- _____ Social Member \$50.00/Month

2. The dues structure outlined above will be amended on or before April 1, 2019. If you would like to pre-pay your monthly dues for 12 months (January 1, 2019 through December 31, 2019), by December 31, 2018, you will be locked into the monthly rates for all 12 months of 2019. Please indicate your desire to pre-pay by marking the box below.

_____ Pre-Paid Dues _____ per month * 12 months = _____ Total

Date: _____ Signed: _____