



# Membership Request Form

This application must be completed and returned to the Membership Chairman or General Manager to be considered for membership. The following information will be confidentially maintained by Twin Beach Country Club (TBCC). After the Club receives the Membership Request Form, the review process will begin.

## Membership Type

Class-A Equity       Class-A Provisional       Intermediate (ages 33-40)  
 Junior (ages 22-32)       Social

## Candidate Information

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## Employment Information

Employer Name: \_\_\_\_\_  
Number of Years with the Company: \_\_\_\_\_  
Retired (please circle):  Yes  No

## Family Information

Spouse or Significant Other Name: \_\_\_\_\_  
Children Name(s): \_\_\_\_\_

*Please note, a spouse and any children under the age of 25 may be listed on your membership.*

## References

I agree to a background check (please circle):  Yes  No  
How did you hear about Twin Beach Country Club: \_\_\_\_\_

Were you referred by a Twin Beach Member, and if so, who: \_\_\_\_\_  
Please list at least one reference name and phone number: \_\_\_\_\_

## Candidate Acknowledgement

I acknowledge that should my membership request be accepted, I must keep a current credit card on file.

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**After completion, please email to [pro@twinbeachcc.com](mailto:pro@twinbeachcc.com) or mail to Attn General Manager, 7625 Glascott Avenue, West Bloomfield, MI 48323. Thank you for considering Twin Beach Country Club.**