



Membership Request Form

Please complete our membership request form below and return it to the Membership Committee Chairman or General Manager to be considered for membership. The information below will be confidentially maintained by Twin Beach Country Club (TBCC). Please allow 1 – 3 business days for processing.

Membership Type

☐ Class-A Equity (ages 40 & up) ☐ Class-A Provisional (ages 40 & up) ☐ Social
☐ Preview (ages 40 & up, if applicable) ☐ Intermediate (ages 33-39) ☐ Junior (ages 22-32)

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
I agree to a credit 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 or mail to Attn General Manager, 7625 Glascott Avenue, West Bloomfield, MI 48323. Thank you for considering Twin Beach Country Club.