



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