

MEMBERSHIP APPLICATION

Type of Application: _____

Applicant's Full Name: _____

Date of Birth: _____ **Circle One: Married Single**

Spouse's Name: _____

Telephone Number: _____ **Winter** **E-Mail address:** _____
_____ **Summer**

Winter Address: _____ **Summer Address**

Business or Occupation: _____

Name & Birth Dates of all Children Under 21 Years of Age.

_____ **Date of Birth** _____

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_____ **Date of Birth** _____
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Name and Address of Social, Golf or Business Club in which Applicant holds Membership.

Name:_____ **Address:**_____

Name:_____ **Address:**_____

**References from one Club Member or a Club where you have been a member in the past.
(Letter must be attached to submit Application).**

I agree to abide by the rules and regulations of the Ocean City Golf & Yacht Club.

Applicant's Signature:_____

Date:_____

John Lynch
Membership Chairman
Ocean City Golf Club

_____ **Date of Birth**_____

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