



# Membership Application

Name: \_\_\_\_\_  Prior  New

Mailing Address: \_\_\_\_\_ (Street or PO Box #)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Email: \_\_\_\_\_ Spouse Cell Phone: \_\_\_\_\_

Children (if applicable):

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Membership Classification Requested: \_\_\_\_\_

I acknowledge that the information provided in this application for membership to Crumpin-Fox Club (CFC), a semi-private club, is true and correct. I hereby authorize CFC to evaluate my membership qualifications and agree to the following:

- I agree that my guests and I will abide by the rules and regulations of CFC as now in effect or amended hereafter;
- I understand that failure to make any payments by the due date may result in the suspension or cancellation of my membership privileges.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_