



Pella Golf & Country Club

Application for Membership

Date of Application _____

Applicant _____ Age _____

Spouse _____ Age _____

Address _____ Phone _____

City/State/Zip _____ E-Mail _____

Applicant's Occupation _____ Employer _____

Spouses Occupation _____ Employer _____

(if applicable)

If you have children living at home, please list their ages (Including those children who are attending college.)

Age	Name	Golf	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

Type of membership:

- _____ Family golf -age 40 plus
- _____ Family golf- age 30-39
- _____ Family golf -age 19-29
- _____ Single golf-age 40 plus
- _____ Single golf- age 30-39
- _____ Single golf- age 19-29
- _____ Family Social
- _____ Single Social

Your comments: _____

Applicant's Signature: _____ Spouses Signature: _____

Referred member's name if applicable _____