



8797 Circle R Drive  
Escondido, CA 92026  
Telephone (760) 749-2877  
Pro Shop (760) 749-2422  
Fax (760) 749-8243

## Application For Membership

(Must be completely filled out)

Name in full (Print or Type)

Class of Membership:  Corporate  Family  Single

Marital Status:  Single  Married Name of Spouse \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residence Address \_\_\_\_\_

Street

Residence Telephone ( ) \_\_\_\_\_

City

Zip code

List Residences and dates (Previous Two, if less than 5 years)

Street City Zip Code Dates Resided

Street City Zip Code Dates Resided

If accepted for membership,

Mail Monthly Statement To (Residence, E-Mail or Business): \_\_\_\_\_

Firm Name \_\_\_\_\_

Business Address \_\_\_\_\_

Street

Business Telephone ( ) \_\_\_\_\_

City

Zip code

Email \_\_\_\_\_

Your Position \_\_\_\_\_

Nature of Business \_\_\_\_\_

Membership in other Clubs:

Name of Club Address Date

Name of Club Address Date

Name of Club Address Date

Do you play golf regularly? \_\_\_\_\_ Where \_\_\_\_\_ How often \_\_\_\_\_

Does your Spouse:  
Play golf regularly? \_\_\_\_\_ Where \_\_\_\_\_ How often \_\_\_\_\_

Family Consists of:

Name	Relation	Birth date	Age	Handicap
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please give the names of at least three financial References (Including at least one bank) of whom inquiries may be made. (Do not use credit cards or merchants.)

_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Name	Address

I hereby apply for membership at Castle Creek Golf Course and agree, if elected, to abide by the by Laws of the Club and that tenure of membership should be in accordance there to.

The undersigned certifies that the above information is correct to the best of his/her knowledge.

Date \_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_  
Signature of Applicant

Do not write in this space:	
Date Application Received	_____
Endorsements:	_____
Membership committee Approved	_____
Inanition Fee Received	_____ \$
	Date / By
Additional Notes	_____
	_____
	_____
	_____