



*Belmont Hills  
Country Club*

## Application For Membership

We appreciate your interest in our Club. For your convenience and our protection, please complete this application IN FULL and return it to your sponsor.

**To the Board of Trustees of Belmont Hills Country Club:** Date: \_\_\_\_\_

Subject to the provisions of the Articles of Incorporation, regulations, and by-laws of the Club, and all the rules promulgated under thereof, I hereby apply for membership in Belmont Hills Country Club. This application is subject to approval of the Board of Trustees.

I hereby certify that the following statements are true and understand that any misrepresentations herein shall be sufficient grounds for cancellation of my membership.

Name (PRINT) \_\_\_\_\_  
Last First Middle Initial

Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Telephone \_\_\_\_\_

Current Address \_\_\_\_\_

Email Address \_\_\_\_\_

Secondary Email Address \_\_\_\_\_

Children: Give name and age of each unmarried child residing at home. \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

- Type of membership you are applying:
- Full Golf
  - Junior Golf
  - Corporate
  - Second Club
  - BHCC Golf
  - Non-Resident
  - Young Ex. Golf
  - Member for a Day
  - Social
  - 2025 Membership Drive
  - Student

**References**

*Memberships presently or formerly held with:*

Country Club: \_\_\_\_\_  
Name, City, State, ZIP

Fraternal: \_\_\_\_\_  
Name, City, State, ZIP

Other: \_\_\_\_\_  
Name, City, State, ZIP

**References**

*Personal, other than your sponsor:*

\_\_\_\_\_  
Name, City, State, ZIP

\_\_\_\_\_  
Name, City, State, ZIP

\_\_\_\_\_  
Name, City, State, ZIP

I understand that the Club may cause to be prepared an investigation consumer report which may include information as to my character, general reputation, personal characteristics, and mode of living through interviews with neighbors, friends, or associates. I understand that in the event the Club causes to be prepared an investigative consumer report, this report will not be prepared earlier than three days right to make a written request for a complete disclosure of the nature and scope of the investigation.

We(I), \_\_\_\_\_ for the value received, promise to pay Belmont Hills Country Club of St. Clairsville, Ohio, on order, or oral or written demand the amount of any balance due to Belmont Hills Country Club with 4% interest , along with reasonable attorney fees, and hereby authorize irrevocably any attorney at law to appear in any court of record in this state or in any other state in the United States after an oral or written demand has made for payment but remains unpaid, and waive the issuing and service of process and confess a judgement against me in favor of the holder hereof for the amount of said note, together with costs of suit and thereupon to release all errors and waive all rights of appeal, along with reasonable attorney fees.

We(I), \_\_\_\_\_, hereby expressly waive(s) demand of payment, protest and notice of dishonor regarding this promise to pay.

WARNING: BY SIGNING THIS PAPER, YOU GIVE UP YOUR RIGHT TO NOTICE AND COURT TRIAL. IF YOU DO NOT PAY ON TIME, A COURT JUDGEMENT MAY BE TAKEN AGAINST YOU WITHOUT YOUR PRIOR KNOWLEDGE AND THE POWERS OF A COURT CAN BE USED TO COLLECT FROM YOU REGARDLESS OF ANY CLAIMS YOU MAY HAVE AGAINST THE CREDITOR FOR ANY REASON WHATSOEVER, INCLUDING FAILURE ON THEIR PART TO COMPLY WITH THE AGREEMENT, OR ANY OTHER CAUSE.

\_\_\_\_\_  
Applicant's Signature

**NOTE SPONSORS:**

Your signature on this application denotes that you believe this applicant will be compatible, congenial, exemplary in character and behavior, and be considered an asset to the Club if accepted as a member.

You, as a sponsor, accept the responsibility of informing the Board as to the merits of this applicant and will introduce him personally to at least two members of the Board of Trustees. With your signing, you are acknowledging that you are exercising your trust-worthiness to the Club to safeguard the standards thereof and are employing proper discretion in sponsoring this applicant.

**Sponsoring Members** (Two must sign)

1.	_____	_____	_____
	Name	Years Known	Signature
2.	_____	_____	_____
	Name	Years Known	Signature
3.	_____		
	Name		

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**The Membership Committee:**

Approves

Disapproves