



Member # _____

*Capital City Country Club
Membership Application*

Applicant: _____ Spouse/S.O. _____

Date of Birth: _____ Date of Birth: _____

SS#: _____ SS#: _____

Profession: _____ Profession: _____

Employer: _____ Employer: _____

Business Address: _____ Business Address: _____

Home Address & Zip Code: _____

Home Phone: _____ Cell Phone:(A) _____ Cell Phone: (S) _____

Category chosen:

- Executive Class A-1** **Associate Class B** **Business Class C-1**
 - Executive Class A-2** **Professional Class E** **Business Class C-2**
 - Executive Class A-3** **Professional Class E** **Non-Resident C-4**
- Secondary**

Children's Names & Birth Dates		Signing Privileges	
_____	_/_/___	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_/_/___	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_/_/___	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_/_/___	<input type="checkbox"/> Yes	<input type="checkbox"/> No

