



MEMBERSHIP APPLICATION

Date: _____ (Please fill in Completely) Tab through

I request a _____ membership in the Old Hickory Golf Club and agree to abide by the Policies of the Club.

Name: _____ Date of Birth _____

Spouse: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____

Email Address: _____

Number of Children: _____

Children's Name: _____ Date of Birth _____

Children's Name: _____ Date of Birth _____

Children's Name: _____ Date of Birth _____

Children's Name: _____ Date of Birth _____

PLEASE BILL ME: Monthly Yearly

Member Sponsor: _____

Signature: _____

Please Return To:
Old Hickory Golf Club
PO Box 316
Beaver Dam, Wisconsin 53916
Fax 920-887-7841