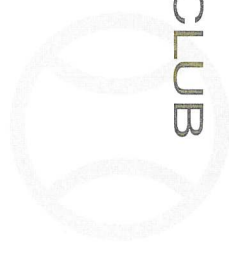


MERCER ISLAND COUNTRY CLUB

MEMBERSHIP APPLICATION FORM



OFFICE USE ONLY
DATE: _____
TIME: _____
EMP INIT: _____

APPLICANT:

NAME: _____

HOME ADDRESS: _____

CITY: _____ ZIP _____

HOME PHONE: _____

CELL PHONE: _____

FIRM NAME: _____

FIRM ADDRESS: _____

CITY: _____ ZIP _____

FIRM PHONE: _____

OCCUPATION: _____

BIRTHDATE: _____

EMAIL ADDRESS: _____

CHILDREN:

LAST NAME: _____ FIRST NAME: _____ BIRTHDATE SEX _____

signature _____ date _____

JOINT APPLICANT:

NAME: _____

HOME ADDRESS: _____

CITY: _____ ZIP _____

HOME PHONE: _____

CELL PHONE: _____

FIRM NAME: _____

FIRM ADDRESS: _____

CITY: _____ ZIP _____

FIRM PHONE: _____

OCCUPATION: _____

BIRTHDATE: _____

EMAIL ADDRESS: _____

OFFICE USE ONLY

MEMBERSHIP NUMBER: _____

DATE JOINED: _____

MEMBERSHIP FEE: _____

FUTURE REFUND: _____
(50% of initiation paid)

PLEASE CHECK:

FULL MEMBERSHIP

SWIM & FITNESS MEMBERSHIPS

BOTH WAITING LISTS