

Twin Hills Country Club

2024 APPLICATION FOR MEMBERSHIP

Name: _____ Date of Birth: _____ / _____ / _____

Email (required): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone : _____

Occupation: _____ Business Phone #: _____

Business Name: _____

Business Address: _____ City: _____ State: _____

Spouse's Name _____ Spouse's Date of Birth: _____ / _____ / _____

Spouse's Email _____ Spouse's Cell : _____

Occupation: _____ Business Phone #: _____

Children - Unmarried residing at home or college under age 21

Name	Age	DOB	/	/	(M/F)
------	-----	-----	---	---	-------

Name	Age	DOB	/	/	(M/F)
------	-----	-----	---	---	-------

Name	Age	DOB	/	/	(M/F)
------	-----	-----	---	---	-------

Name	Age	DOB	/	/	(M/F)
------	-----	-----	---	---	-------

All statements will be emailed to the primary member's email address which is required above.

The application must be submitted a third of the payment with application.

Current Member Sponsor: _____

Previous Country Club Membership: _____

I understand that the acceptance or rejection of my Membership at Twin Hills Country Club ("Club") is solely within the discretion of the management and is also subject to good credit verification. I agree that if accepted for Membership, family, guests and I shall abide by the rules, regulations and by-laws of the Club.

I understand and agree that purchases made at the Club that I choose be billed to me must be paid by their due date. Accounts not paid when due shall be subject to a late charge and may also be the subject of disciplinary action, which may include, but is not limited to suspension or termination of my membership.

I understand and agree that my annual membership is on a calendar, fiscal year basis and, in the absence of cause, will be renewed annually unless I comply with the Club's Resignation and Leave of Absence Policy. If I fail to comply with the resignation or leave of absence policy (letter in writing to the management received by December 1st), then I will be responsible for the following year's full dues.

I understand and agree that my signature below grants the management of Twin Hills Country Club the right to obtain a credit report on me.

By signing below, I will not be responsible for any assessments for the duration of my membership.

Signature: _____ Date: _____

700 Wolf Swamp Road, Longmeadow, MA 01106 (413) 567-0321