

PROSPECTIVE MEMBER SPONSOR FORM



The purpose of this form is to tell the Membership Committee how well you know a prospective member and offer any information that may help us know the applicant better.

Please return the completed form to Membership Coordinator Jackie DeVries via fax at (616) 949-0835 or mail to the Club at 3725 Cascade Rd., Grand Rapids, MI 49546.

- Regular Legacy Regular Social Social-Golf Junior Legacy Junior Dining

PROSPECTIVE MEMBER:

Full Name _____

Business Name _____

Business Title/Occupation _____

If employment is less than 5 years, please list previous firm and position _____

Residence Address _____ City & Zip _____

Business Address _____ City & Zip _____

Residence Phone (_____) _____ Business Phone (_____) _____

Date of Birth: ____/____/____ Primary Email _____

Marital Status *(Please circle one)* Married Divorced Widowed Single

Spouse's Name _____ Maiden Name *(If Applicable)* _____

Other club memberships and length of membership (including former memberships): _____

SPONSOR:

Are you related to this prospective member in any way? *(Please circle one)* Yes No

If so, how? _____

What is your association with this individual? *(Please circle one)* Business Social Both

Please Describe: _____

How well do you know the prospective member? *(Please circle one)* Very well Well Slightly

Do you know spouse: *(Please circle one)* Yes No

Any additional information that can help us know the applicant better: _____

Sponsor Name _____ Sponsor Signature _____

Date ____/____/____