



Est. 1921

Prospective Member Sponsor Form

Please select a membership class: Regular Social Junior Dining OSNR

Legacy status? Yes No

Prospective Member

Full Name: _____ Date of Birth: _____

Residence Address: _____ City & Zip: _____

Residence Phone: _____ Primary Email: _____

Business Name: _____

Business Title/Occupation: _____

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

Business Address: _____ City & Zip: _____

Business Phone: _____ Alt./Cell Phone: _____

Spouse's Name: _____ Maiden Name (if applicable): _____

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

Cascade Hills Country Club members who may be used for reference (excluding your sponsors): _____

Business or personal references: _____

Sponsor

Are you related to the member in any way? Yes No (If Yes, you are not able to sponsor the Prospective Member)

If so, how? _____

What is your association with this individual? _____

Please describe: _____

How well do you know the prospective member? Very Well Well Slightly

Years you have known the prospective member: _____

Additional information that can help us get to know the applicant better: _____

Sponsor Name: _____ Sponsor Signature: _____ Date: _____

Please return the completed form to Director of Membership & Marketing, Leah Deiss via fax at 616.949.0835, email at leah@cascadehillsc.com, or mail to the Club at 3725 Cascade Road, Grand Rapids, Michigan 49546.