



## Prospective Member Sponsor Form

Please select a membership class:  Regular  Social  Junior  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: \_\_\_\_\_

Business Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Alt./Cell Phone: \_\_\_\_\_

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

Spouse's Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Spouse Maiden Name (if applicable): \_\_\_\_\_

Spouse's Business & Occupation: \_\_\_\_\_

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

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

### 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: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_

Please return the completed form to Director of Membership & Marketing, Cyndi Nicholson via email at [cyndi@cascadehillsc.com](mailto:cyndi@cascadehillsc.com) or mail to the Club at 3725 Cascade Road, Grand Rapids, Michigan 49546.