Membership Application to Miami View Golf Club, Inc.

Name:_____ Birth date:_____
First Initial Last

Address:_____City_____ State_____ Zip_____

Home phone(___)-(____)-(_____) Email_____

Marital status Married____ Single____ Spouses name:_____

Does your spouse play golf?_____Children's names and birth dates:_____

Place of employment:_____

Position:_____Years employed:____ Work phone:_____

Country club & social club memberships:_____

_____

List relatives or friends who currently belong to Miami View:_____

_____

Where do you normally play golf:_____

Would you be ready to join Miami View today?____

I understand that if my application is accepted, it will be added to the Miami View Golf Club membership wait list. While on the wait list, applicants are not entitled to any membership privileges.
The deposit will be held interest free by Miami View Golf Club. If I decide to withdraw my application, I agree to notify Miami View Golf Club in writing in order to receive a full refund.
When a membership becomes available, applicants will be notified by the Membership chairman along with a statement of fees due, less the full amount of deposit.
If accepted for membership, the applicant agrees to abide by the Constitution, by-laws and rules of Miami View Golf Club.

Miami View Golf Club memberships are not transferable or refundable.

Applicants signature:_____ Date:_____

Endorsements: (Two active Miami View members)

1._____ 2._____
Name Name

_____ _____
Signature/Date Signature/Date

Note: All information must be supplied in full before the application will be considered by the **Membership Committee**. Mail this form to: Miami View Golf Club, Box 26, Miamitown, OH 45041