



100 Glenmaura National Boulevard, Moosic, PA 18507

Phone (570) 343-4642 Fax (570) 343-8131

MEMBERSHIP APPLICATION

TO BE COMPLETED BY: (1) SUBSCRIBER FOR: ___ REGULAR; ___ NON-EQUITY; ___ NON-RESIDENT; ___ SOCIAL; or ___ DINING/HOUSE
or
(2) FOR CORPORATE MEMBERSHIP; APPLICANT'S PROPOSED DESIGNEE _____

APPLICANT'S NAME SOCIAL SECURITY NUMBER

HOME ADDRESS

CITY STATE ZIP

TELEPHONE EMAIL ADDRESS

DRIVER'S LICENSE NUMBER AND STATE DATE OF BIRTH

APPLICANT'S OCCUPATION TITLE

EMPLOYER'S NAME

BUSINESS ADDRESS

CITY STATE ZIP

BUSINESS TELEPHONE YEARS IN PRESENT EMPLOYMENT

PREVIOUS EMPLOYERS(s) (IF ANY)

SCHEDULE A
GLENMAURA NATIONAL GOLF CLUB

CONTINUED (PAGE 2 OF 3)

SPOUSE/SIGNIFICANT OTHER NAME	SOCIAL SECURITY NUMBER
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DRIVER'S LICENSE NUMBER AND STATE	DATE OF BIRTH
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OCCUPATION

EMPLOYER'S NAME

BUSINESS ADDRESS

CITY	STATE	ZIP
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BUSINESS TELEPHONE	YEARS IN PRESENT EMPLOYMENT
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PREVIOUS EMPLOYER(S) (IF ANY)

CHILDREN

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
1 _____	_____	4 _____	_____
2 _____	_____	5 _____	_____
3 _____	_____	6 _____	_____

PLEASE INDICATE IF CHILDREN ARE MARRIED

PERSONAL REFERENCES

(Please note if reference is a current Glenmaura member.)

NAME	TELEPHONE
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NAME	TELEPHONE
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NAME	TELEPHONE
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SCHEDULE A
GLENMAURA NATIONAL GOLF CLUB

CONTINUED (PAGE 3 OF 3)

BANK REFERENCE

NAME OF BANK

ADDRESS / PHONE

CREDIT INQUIRY AUTHORIZATION

I/We authorize Glenmaura National Golf Club to make a credit inquiry. A credit report may be obtained in connection with this application.

If you request, we will inform you whether or not a credit report was obtained and the name and address of the reporting agency that furnished the report.

APPLICANT'S SIGNATURE

SPOUSE'S/SIGNIFICANT OTHER'S SIGNATURE

Please email completed application to pmahasky@gngc.net

Or

Mail to:
Glenmaura National Golf Club
100 Glenmaura National Boulevard
Moosic, PA 18507