

Russellville Country Club

P.O. Box 1143
Russellville, Arkansas 72811

For Office Use Only

Screened: _____
Board Approved: _____
Number: _____

APPLICATION FOR CORPORATE MEMBERSHIP

Name of Business: _____

Contact Person: _____

Billing Address: _____

Telephone Number: (work) _____ **(fax)** _____

E-mail: _____

Names of Civic Organizations of Which You Are or Were a Member:

In signing this membership application and when elected to membership I agree to abide by the Constitution, By-Laws, and Regulations of the Russellville Country Club.

I have four members who recommend me for this membership. Their signatures and membership numbers follow:

_____ # _____
(Certified Member)

_____ # _____
(Certified Member)

_____ # _____
(Certified Member)

_____ # _____
(Certified Member)

(Owner/Operating Officer)

(Signature of Applicant)