



THE COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

MEMBERSHIP INFORMATION UPDATE FORM

Date Received _____

Membership Number # _____

Form updated June 28, 2010

PRINT OR TYPE ALL INFORMATION

MEMBER'S INFORMATION

MEMBER'S FULL NAME _____ Preferred name (i.e. nickname) _____

Date of Birth _____ SCGA Handicap Program (Circle one): **YES NO Need to Establish**

Home telephone number _____ Cell/Mobile telephone number _____

Home Physical Address _____

Mailing Address (if different) _____

Email address _____

Occupation/Job title _____ No. of years with Business _____

Business Name _____

Business Address _____

Business telephone number _____ Fax _____

SPOUSE'S INFORMATION

SPOUSE'S FULL NAME _____ Spouse's Preferred name (i.e. nickname) _____

Date of Birth _____ SCGA Handicap Program (Circle one): **YES NO Need to Establish**

Occupation/Job title _____ No. of years with Business _____

Business Name _____

Business Address _____

Business telephone number _____ Cell/Mobile telephone number _____

Email address _____

Previous Employer _____

FAMILY INFORMATION

Please list the names of all your dependent children (up to the age 25 that are single and full-time students).

Full Name (Nickname)	Date of Birth	SCGA Handicap	Interest
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

► **SIGNATURE** (Member) _____ Date _____

All information on this form is **STRICTLY CONFIDENTIAL** . . . to be used by
The Country Club of Lexington – **ONLY!**