Application For Membership
CAMDEN COUNTRY CLUB

111 Knights Hill Road
Camden, SC 29020
Tel: (803) 432-3322
Fax: (803) 432-7131
www.camdencountryclub.com

TYPE OF MEMBERSHIP REQUESTED:

_____Regular Voting _____Junior, Age_____ _____Non-Resident
_____Regular Non-Voting _____Junior Executive Voting, Age _____
_____Associate _____Junior Executive Non-Voting, Age _____

APPLICANT INFORMATION

Mr. Mrs. Ms. Miss

NAME (If Voting Member, Stock Certificate will be in the name listed)

(Print)_____Date of Birth_____

MAILING ADDRESS_____CITY_____STATE_____ZIP_____

TELEPHONE Home (_____)_____ Work or Mobile (_____)_____

EMAIL ADDRESS_____

OCCUPATION_____TITLE_____

BUSINESS NAME & ADDRESS_____

IF RETIRED, FORMER OCCUPATION_____

FAMILY MEMBERS WHO WILL BE USING THE CLUB FACILITIES:

SPOUSE'S NAME_____ANNIVERSARY_____DATE OF BIRTH_____

CHILDREN _____Age_____Birthdate_____

_____Age_____Birthdate_____

_____Age_____Birthdate_____

_____Age_____Birthdate_____

APPLICANT'S EDUCATION_____

CIVIC, SOCIAL AND PROFESSIONAL AFFILIATIONS (Including other Club Memberships)

Name	City	Length of Membership

SPOUSE'S EDUCATION_____

SPOUSE'S OCCUPATION_____

SPOUSE'S CIVIC, SOCIAL AND PROFESSIONAL AFFILIATIONS_____

_____

_____

APPLICANT'S SIGNATURE **DATE**

Signature of Three (3) Sponsors

Primary:_____

_____

_____

(Please Print Sponsors' Names)

Primary:_____

_____

_____

Please return to Camden CC, 111 Knights Hill Rd., Camden, SC 29020 or Via Fax 803-432-7131 **Date Approved:**_____