Bloomington
COUNTRY CLUB

WWW.BLOOMINGTONCOUNTRYCLUB.COM

3174 S. Bloomington Dr. East | St. George, UT 84790 | (435) 673-4687

MEMBERSHIP APPLICATION

MEMBERSHIPS

	INITIATION FEE	MONTHLY PAYMENT
☐ **EXECUTIVE** Age > 40	$2500	$350
☐ **YOUNG EXECUTIVE** Age < 40	$1000	$250
☐ **THE CLUB**	$100	$50
☐ **THE BCC**	$100	$100
☐ **PLATINUM**	$1000	$1000
☐ **GOLD**	$800	$800

PERSONAL INFORMATION

Name

Home Address

Email Address (Will be used for news and statements)

Phone Number | Birthday

Occupation | Title | Company

Spouse's Name (If Applicable) | Email | Birthday

Household Children (Under the age of 22)

Child 1 Name | Email | Birthday

Child 2 Name | Email | Birthday

Child 3 Name | Email | Birthday

Child 4 Name | Email | Birthday

Child 5 Name | Email | Birthday

Child 6 Name | Email | Birthday

INTERESTS

Circle all interests. (To be used for future planning)

Golf	**Arts & Crafts**	**Fitness**	**Other** _____
Tennis	**Kids Zone**	**Yoga**	_____
Bridge	**Swimming**	**Spin Classes**	_____
Ladies Association	**Cooking**	**Pilates**	_____

SPONSOR

(If applicable)

Sponsor Name | Sponsor Phone Number

ORIENTATION

_____ Initial

I agree that I will participate in a New Member Orientation and acknowledge I will be contacted by the Membership Committee.

AUTHORIZATION

By signing this application for membership at Bloomington Country Club, I understand I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the Bylaws and Rules and Regulation of Bloomington Country Club in the present form or as may be amended (copies to be provided). I also agree the club shall have the right to bill my credit card for the balance of dues owed in order to fulfill my **12 month commitment** and any/or past due amount.

Bank Name | Bank Account Holder Name

☐ Checking ☐ Savings | Account Number | Routing Number

Applicant Signature | Date

Thank you for your application and interest in the Bloomington Country Club.
The Board will review your membership application and notify you of their decision.

OFFICE USE ONLY

Start Date | Initiation Fee

First Months Dues | Temp. Card ☐ | Member #

Prepay | Months Food Minimum

Total Funds Received | Method

Accepted & Approved Date | Membership Chairperson | President