



Membership Application

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|--|--------|---|----------------|
| Candidate Full Name ¹ : | | Date of Birth: | |
| Email: | | Cell Phone: | |
| Employer/Profession: | | Work Phone: | |
| Partner/Spouse: | | Date of Birth: | |
| Email: | | Cell Phone: | |
| Employer/Profession: | | Work Phone: | |
| Class of Membership: Regular Single Regular Junior House | | | |
| Please send membership statements through: US Mail Email: | | | |
| Primary Address: | | Mailing Address: <i>(if different from Primary Address)</i> | Other Address: |
| Names of children <small>Children under 30yrs; Grandchildren under 12yrs</small> | | School | Date of Birth |
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| Family affiliations, clubs, activities, interests: | | | |
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| Principal interests in Litchfield Country Club <i>(check all that apply)</i> | | | |
| Member: | Golf | Swimming | Tennis |
| Children: | Golf | Swimming | Tennis |
| Paddle/Pickleball | Social | Paddle/Pickleball | Social |
| Paddle/Pickleball | Social | Paddle/Pickleball | Social |
| Governors known or introduced: | | Years acquainted with applicant: | |
| 1. | | Principal Sponsor: | |
| 2. | | Sponsor #2: | |
| 3. | | Sponsor #3: | |
| Now that you have gotten to know the Club and some of its history and community, please share why the Litchfield Country Club would be a good fit for you and your family. | | | |
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| As a Member, I agree to abide by the Rules and Regulations of Litchfield Country Club. | | | DATE: |
| Signature of Candidate(s): | | | |

¹ Married couples/domestic partners who share the same residence hold the membership jointly. Please provide full names and indicate any nicknames you would like to be shown in the Membership Directory.