



White Lake Golf Club

WHITE LAKE GOLF CLUB
WHITEHALL, MICHIGAN

Application For Equity Membership

Family Membership Yes ___ No ___

Single Membership Yes ___ No ___

Applicant's Name _____
Last Middle First

Date of birth _____ Place of birth _____ Occupation _____

Email _____ Receive Email Yes ___ No ___

Cell Number _____ Receive Texts Yes ___ No ___

Spouse's Name _____
Last Middle First

Date of Birth: _____ Place of birth _____ Occupation: _____

Email _____ Receive Email Yes ___ No ___

Cell Number _____ Receive Texts Yes ___ No ___

Residence (summer) _____

Telephone () _____ Cell () _____

Residence (winter) _____

Telephone () _____ Cell () _____

Business address: _____

Telephone () _____ Cell () _____

Family Members Under Age 25 (additional family members, attach a separate page)

Name: _____ Name: _____ Name: _____
Date of Birth: _____ Date of Birth: _____ Date of Birth: _____
Cell# _____ Cell # _____ Cell # _____

Name: _____ Name: _____ Name: _____
Date of Birth: _____ Date of Birth: _____ Date of Birth: _____
Cell# _____ Cell # _____ Cell # _____

List the names of 2 Equity WLGC members who propose and sponsor your membership application:

Member _____

Member _____

Submitted By: _____
printed name applicant's signature

Date: _____

NOTE: Please attach a personal statement which tells something about yourself, your ties to the area, and the reasons you wish to become an Equity Member at the White Lake Golf Club. Bring this completed form and your statement to the Pro Shop with attention to the Membership Committee or mail to White Lake Golf Club, 6777 South Shore Drive, Whitehall, MI 49461
Rev 05/27/18