



# 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!**