

List the names of any relatives who are, or have been, members of Fountain Head Country Club.

1. Name _____ Relationship _____

Address _____

2. Name _____ Relationship _____

Address _____

3. Name _____ Relationship _____

Address _____

CANDIDATE AUTHORIZATION TO DISCLOSE & RELEASE INFORMATION

The undersigned Candidate desires to become a member of Fountain Head Country Club and consents that his or her name be proposed for that purpose. Candidate understands that the Club, for the purpose of considering the proposal, will investigate Candidate's financial responsibility and general reputation and those same attributes of Candidate's immediate family. Candidate also understands that all information regarding these matters (1) will be made available to the Club's governors, officers and members of some of its committees, but (2) will not be disclosed to Candidate. Candidate hereby consents to such investigation and to all such disclosures and agrees to make demands upon the Club or any other person (including, but not limited to, any informant) for the disclosure to Candidate of any of the information. Candidate hereby also releases and discharges the Club, its directors and officers, and every person who furnishes, transmits, or processes such information for the purpose herein mentioned, from any and all liability for having done so, and this release shall be binding upon Candidate's personal representatives, heirs and assigns.

I/We certify that, to the best of my/our knowledge, the foregoing information is correct. I/We understand that any misrepresentation shall be cause for denial of further consideration.

If elected to membership, I/We shall jointly and separately be subject to the obligations, terms, conditions, and privileges of membership set forth in the rules, regulations, and bylaws of Fountain Head Country Club.

I/we agree to provide or grant approval for a current credit report to be obtained if requested by Fountain Head Country Club.

SIGNATURE OF CANDIDATE _____ DATE _____

SIGNATURE OF CANDIDATE'S SPOUSE _____ DATE _____

DECLARATION OF SPONSORS

PRIMARY SPONSOR I have known the Candidate for _____ years.

My relationship has been: business neighbor social family fraternal or other organization.

Candidate has has not been a guest in my home.

Print Name _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

SECONDARY SPONSOR I have known the Candidate for _____ years.

My relationship has been: business neighbor social family fraternal or other organization.

Candidate has has not been a guest in my home.

Print Name _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

AS PRIMARY AND SECONDARY SPONSOR, I HAVE REVIEWED THE CANDIDATE PROFILE FORM SUBMITTED BY THE PROPOSED CANDIDATE AND IT IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

PRIMARY SPONSOR SIGNATURE _____ **DATE** _____

SECONDARY SPONSOR SIGNATURE _____ **DATE** _____



**FOUNTAIN HEAD
COUNTRY CLUB**

CANDIDATE PROFILE

***This application is to be filled out by Candidate
and returned to Primary Sponsor.***

(If profile is for a married couple, all references to "Candidate" shall be deemed plural)

13316 Fountain Head Road • Hagerstown, MD 21742 • 301-739-6933



FOUNTAIN HEAD COUNTRY CLUB

Candidate Profile

Your name has been submitted for consideration for membership. Completion of this form does not confer any rights to use the club facilities or membership privileges.

Membership & By-Laws Committee Use Only

Date Interviewed: _____

Interviewed By: _____

Interviewed By: _____

Initiation Fee for Class _____ \$ _____

Application Received - Date _____

Time _____

Preliminary Approval by _____

Membership Committee ____/____/____

Board of Governors _____

Election to Membership ____/____/____

I. PERSONAL INFORMATION

Name _____ Date of Birth _____

Spouse's Name _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Years at this address _____ Marital Status: Married Single Separated

Telephone _____ E-Mail _____

Please list the names and birth dates of your Children under age 22

Name _____ Date of Birth ____/____/____ Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____ Name _____ Date of Birth ____/____/____

II. MEMBERSHIP

State type of membership desired:

- | | | |
|---|---|---|
| <input type="checkbox"/> Family - Golf/Golf (age 40+) | <input type="checkbox"/> Family - Golf/Sports (age 30-39) | <input type="checkbox"/> Family - Sports/Sports |
| <input type="checkbox"/> Single - Golf (age 40+) | <input type="checkbox"/> Family - Golf/Social (age 30-39) | <input type="checkbox"/> Single - Sports |
| <input type="checkbox"/> Family - Golf/Sports (age 40+) | <input type="checkbox"/> Family - Golf/Golf (age 21-29) | <input type="checkbox"/> Family - Sports/Social |
| <input type="checkbox"/> Family - Golf/Social (age 40+) | <input type="checkbox"/> Single - Golf (age 21-29) | <input type="checkbox"/> Family - Social/Social |
| <input type="checkbox"/> Family - Golf/Golf (age 30-39) | <input type="checkbox"/> Family - Golf/Sports (age 21-29) | <input type="checkbox"/> Single - Social |
| <input type="checkbox"/> Single - Golf (age 30-39) | <input type="checkbox"/> Family - Golf/Social (age 21-29) | |

Why do you wish to join Fountain Head Country Club?

What do you feel you can offer or bring to Fountain Head Country Club, if you are invited to join?

III BUSINESS / PROFESSION

Employer _____ Type of Business _____

Occupation / Title _____ Business Phone _____

Address _____ City _____ State _____ Zip _____

_____ Date / Length of Employment _____

Previous Employer(s) last ten years (provide dates)

-Continued-

Employer (Spouse) _____ Type of Business _____

Occupation / Title _____ Business Phone _____

Address _____ City _____ State _____ Zip _____

_____ Date / Length of Employment _____

Previous Employer(s) last ten years (provide dates)

IV. EDUCATION

Candidate:

High School _____ Graduation Date _____

College _____ Degree (date) _____

Post Graduate _____ Graduation (date) _____

V. CLUB AFFILIATIONS

Please list affiliations with other private clubs of which you are now, or have been, a member.

1. _____ Address _____ Telephone _____

_____ Dates of Membership _____

2. _____ Address _____ Telephone _____

_____ Dates of Membership _____

3. _____ Address _____ Telephone _____

_____ Dates of Membership _____

Have you ever been refused membership, been suspended or expelled, or been requested to withdraw a proposal for membership in a club or other organization? YES NO IF YES, PLEASE EXPLAIN: _____

Have you ever voluntarily withdrawn from consideration for membership at any club or organization? YES NO IF YES, PLEASE EXPLAIN: _____

Have you ever been convicted of a felony? YES NO IF YES, PLEASE EXPLAIN: _____

Have you ever declared bankruptcy? YES NO IF YES, PLEASE EXPLAIN: _____

VI. SOCIAL SERVICE FRATERNAL & PROFESSIONAL AFFILIATIONS

Please list those with which you have, or have had, an association or membership.

	Address	Telephone	How long?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

-Please continue on back-