
Twin Lakes
Golf & Country Club
Application for Membership
This is Where You Belong

Type of Membership Desired

○ Proprietary Family (Ages 40+) ○ Proprietary Junior Family (Ages 39 and under) ○ Social
○ Proprietary Individual (Ages 40+) ○ Proprietary Junior Individual (Ages 39 and under)

Personal Information

Name _____
Title First MI Last

Home Address _____
Street City State Zip Code

Primary Email Address _____

Cell Phone Number _____ Date of Birth _____

○ Single ○ Married ○ Significant Other ○ Widowed

Please fill out the Spouse/Significant Other information below, if applicable.

Spouse/Significant Other Name _____
Title First MI Last

Primary Email Address _____ Cell Phone Number _____

Date of Birth _____ If Married, Anniversary Date _____

Personal Information

Applicant's Occupation and/or Nature of Business or Profession _____ ☐ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Years in Present Employment _____

Spouse/Significant Other Occupation and/or Nature of Business or Profession _____ ☐ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Years in Present Employment _____

Family Information

Please list any dependent children under the age of 23:

Name _____ Age _____ Birthday _____ Gender ○ Male ○ Female

Name _____ Age _____ Birthday _____ Gender ○ Male ○ Female

Name _____ Age _____ Birthday _____ Gender ○ Male ○ Female

Name _____ Age _____ Birthday _____ Gender ○ Male ○ Female

Clubs and Organizations

Please list the names of other Clubs to which you belong or once belonged, including Twin Lakes G&CC.

Club/Organization _____ City _____ ☐ Current Member

Club/Organization _____ City _____ ☐ Current Member

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Club/Organization _____ City _____ ☐ Current Member

Community Service and Leadership Roles

Organization _____ Years of Service _____ ○ Candidate ○ Spouse/SO

Organization _____ Years of Service _____ ○ Candidate ○ Spouse/SO

Organization _____ Years of Service _____ ○ Candidate ○ Spouse/SO

Organization _____ Years of Service _____ ○ Candidate ○ Spouse/SO

Personal References

Please list the names of any Club Members you know.

Name _____ Relationship _____ Years Known _____

Name _____ Relationship _____ Years Known _____

Name _____ Relationship _____ Years Known _____

Name _____ Relationship _____ Years Known _____

Acknowledgments and Signature

If my application is accepted by the Membership Committee and approved by the Board of Trustees, I hereby agree to the monthly assessment of dues and other charges as may be established by the Board of Trustees. I understand that the dues may be increased by the Board of Trustees at any time. I agree to pay, as billed or on demand, these monthly charges as well as any credit extended to me, my spouse, my children, or my guests, or any other indebtedness I may owe to the Club. I understand that accounts that are fifteen (15) days delinquent will incur a finance charge on the unpaid balance of 1.5% per month, equal to an 18% annual charge, or a $1.00 minimum past due charge, whichever is greater. Initial _____.

This Agreement shall be governed according to the laws of the State of Washington. Venue for any legal or equitable action between the parties which relates to this Agreement shall be in King County, Washington. Initial _____.

I further agree, in case suit is initiated to collect any of the aforesaid dues, fees, charges or other indebtedness to the Club, to pay all court costs, plus reasonable attorney's fees incurred by Twin Lakes Golf & Country Club in said actions. Initial _____.

I understand that under the Club's current policies I cannot resign this membership for Twelve months. Those current policies further provide that I must give a four month notice of resignation after completing my twelve months and set other requirements as conditions for resignation. It is also my understanding that upon resignation I cannot rejoin the club until after twelve months. I understand these policies may be changed by the Board of Trustees at any time. Initial _____.

I have read and agree to abide by the foregoing terms and conditions of membership, and if accepted, I agree to abide by and observe the Bylaws and Policies, Rules, and Regulations of the Twin Lakes Golf & Country Club as now adopted or hereafter amended. I understand that this agreement shall be effective from the date that this application is accepted and approved by the Board of Trustees. Initial _____.

Applicant's Signature _____ Date _____

For Office Use Only

Membership Committee _____ Date _____

Board of Trustees _____ Date _____

Initiation Fee Paid _____ Waived _____ Paid By _____

Membership # _____ Spouse/SO # _____

Dependents # _____ Dependents # _____

Dependents # _____ Dependents # _____

Notes _____

_____

_____

_____

_____

Twin Lakes
Golf & Country Club

(253) 838-0432

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Federal Way, Washington 98023

www.TwinLakesGolf.net