



CAMELBACK
GOLF CLUB

Application for Golf Membership

Personal Information

Name_____

Date of Birth_____

Spouse Name_____

Spouses Date of Birth_____

Children Under Age 21_____

Home Address_____

City/State/Zip_____

Home Phone Number_____

Local Address_____

City/State/Zip_____

Local Phone Number_____

Email Address_____

Email Address_____

Business Related Information

Occupation_____

Nature of Business_____

Business Phone Number_____

Spouse Occupation_____

Business Phone Number_____

Nature of Business_____

References

Names of Members at Camelback with whom you are acquainted

- _____
- _____
- _____

This application is submitted with the knowledge that the number of members in the Camelback Golf Club is restricted by the Marriott Hotel Corporation, the By-Laws of Camelback Golf Club, and that it is subject to approval by the Membership Committee. The membership fee, in full, shall accompany this application, made payable to Camelback Golf Club.

This application must be complete before it will be accepted for consideration by the Membership Committee. When completed it should be mailed to:

Camelback Golf Club
7847 N. Mockingbird Lane
Scottsdale, AZ 85253
Attn: Director of Golf

Applicant Signature_____

Date_____

Director of Golf Signature_____

Date_____

Membership Purchase Price_____

Membership Purchased From_____