

ASSOCIATE MEMBERSHIP APPLICATION

Non-Voting Membership

Applying for: _____ Company Associate _____ Legacy Associate

Are you currently a PCL member. YES NO (circle one) If yes, what is your membership no. _____

NAME OF APPLICANT _____

(MR.) (MRS.) (MISS) (DR.) Circle One

COMPANY _____ POSITION _____

MAILING ADDRESS _____ WK PHONE _____

CITY _____ STATE _____ ZIP+4 _____

E-MAIL ADDRESS _____ CELL NUMBER _____

Member Date of Birth _____ Social Security or Employer ID _____

HOBBIES 1. _____ 2. _____ SPOUSE'S NAME _____

SPOUSE'S DATE OF BIRTH _____ WEDDING ANNIVERSARY _____

SPOUSE'S EMAIL ADDRESS: _____

I understand that I'm personally responsible for all charges I incur at the Club. _____ initials

All Applications are submitted on the third Monday of each month for Board consideration

Associate Membership applied for under:

SIGNATURE OF PRIMARY MEMBER

SIGNATURE OF APPLICANT

Sponsoring PC Member Name and Number

Home Address

Sponsoring PC Member Name and Number

City, State Zip +4

Application Approved

Application Rejected

Date _____

CLUB NUMBER ASSIGNED _____

Signature: _____

Membership Chairman

Initial Fees: **One time**
Membership Fee \$50.00
(Please Attach Check)

Membership fee waived if enrolled with initial application of company or legacy membership.

Ongoing Membership Fees

Dues: \$49 / monthly + \$7 for Capital Improvement
Quarterly Minimum: \$75 (food & beverage)

***I understand I am agreeing to a minimum
12 month membership commitment***