



West Warwick Country Club

The Forewest Group, LLC
 335 Wakefield Street
 West Warwick, RI 02893

Membership Application

Applicant Information

Full Name: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: () _____ E-mail Address: _____

Employment Information

Employer: _____
 City: _____ State: _____ Zip Code: _____
 Phone: () _____ E-mail Address: _____

Membership Type – Select One

Individual "A" Membership - (\$2,200 per year)	YES <input type="checkbox"/>	Family "A" Membership - (\$3,300 per year)	YES <input type="checkbox"/>
Individual "B" Membership - (\$2,100 per year)	YES <input type="checkbox"/>	Family "B" Membership - (\$3,100 per year)	YES <input type="checkbox"/>
Individual "C" Membership - (\$1,800 per year)	YES <input type="checkbox"/>	Family "C" Membership - (\$2,800 per year)	YES <input type="checkbox"/>
Individual "U35" Membership - (\$1,500 per year)	YES <input type="checkbox"/>	Family "D" Membership - (\$2,450 per year)	YES <input type="checkbox"/>
Individual "U30" Membership - (\$1,250 per year)	YES <input type="checkbox"/>	Senior "A" Membership - (\$1,250 per year)	YES <input type="checkbox"/>
Senior "B" Membership - (\$700 per year) <input type="checkbox"/>	YES <input type="checkbox"/>	Social Membership - (\$350 per year) <input type="checkbox"/>	YES <input type="checkbox"/>
Handicap (GHIN) - (\$25) <input type="checkbox"/>	YES <input type="checkbox"/>	Current GHIN # (New members only) _____	Locker - (\$90) <input type="checkbox"/>

Spouse Information – (if Family Membership Selected)

Full Name: _____ Relationship: _____
 Email: _____

Children – (if Membership Privileges Desired)

Full Name: _____ Relationship _____ Date of Birth _____
 Full Name: _____ Relationship _____ Date of Birth _____
 Full Name: _____ Relationship _____ Date of Birth _____

Previous Country Club Membership

Club: _____ City _____ State _____

Signature

Signature: _____ Date: _____
 Spouse
 Signature: _____ Date: _____