



WATERTOWN GOLF CLUB, INC. MEMBERSHIP QUESTIONNAIRE 2026



DATE _____

I HEREBY APPLY FOR MEMBERSHIP IN THE WATERTOWN GOLF CLUB:

NAME _____ DATE OF BIRTH _____

HOME STREET ADDRESS _____ CITY & ZIP _____

BILLING ADDRESS _____ CITY & ZIP _____

HOME PHONE / CELL PHONE _____ EMAIL ADDRESS _____

TYPE OF MEMBERSHIP (CIRCLE ONE)

FULL GOLF MEMBERSHIP SOCIAL OUTSIDE JUNIOR 16-21 DINNER ONLY MEMBER CHILD 16-25

ARE YOU APPLYING AS A SPOUSE? Y / N IF YES PRIMARY MEMBER'S NAME _____

YOUR RELATIONSHIP _____

NAME OF COMPANY: _____ OCCUPATION: _____

COMPANY ADDRESS: _____ BUSINESS PHONE: _____

MEMBERSHIP IN OTHER CLUBS: _____

DO YOU CURRENTLY HAVE A USGA HANDICAP (CIRCLE ONE) YES _____ GHIN # _____ NO _____

SPOUSES NAME: _____

CHILDREN(S) NAMES AND AGES: _____

SIGNATURES OF TWO PRIMARY SPONSORING MEMBERS WITH LETTERS OF RECOMMENDATION BELOW IF POSSIBLE

PRIMARY SPONSOR: _____ # OF YEARS A MEMBER _____

SECONDARY SPONSOR: _____ # OF YEARS A MEMBER _____

LIST UP TO FIVE PRESENT MEMBERS YOU ARE ACQUAINTED WITH: _____

2025 MEMBERSHIP APPLICATION

APPLICANT'S SIGNATURE _____ For Outside Junior applications: Parents Name: _____
Parents Signature: _____

Parent is responsible for all charges of an Outside Junior.

FOR SPOUSE MEMBERSHIP OF A PRIMARY APPLICANT, THEY MUST FILL OUT THEIR OWN APPLICATION AND SUBMIT IT.

For Committee use: Effective Date; _____ Signed; _____ Membership Committee Chairman