



1916

**Minneapolis Golf Club
APPLICATION FOR MEMBERSHIP**

Golf Membership

Date of Application _____

I hereby apply for membership in the Minneapolis Golf Club, St. Louis Park, Minnesota. I agree to pay such annual dues, assessments, and charges as may be assessed and levied by the Corporation or its Board of Directors upon such said membership and faithfully observe and comply with the Articles of Incorporation, the by-laws and all rules and regulations of the Club, as amended from time to time.

Voting Membership _____
Applicant's Signature

Non-Voting (Payment Plan) Membership _____
Applicant's Signature

**MGC Membership Department 952-525-2526
2001 FLAG AVENUE SO. ST. LOUIS PARK, MN 55426 952-544-4471
FAX 952-544-0162**

Personal/Family Information

Applicant Full Name _____ Date of Birth ___ / ___ / _____

Home Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Email _____

Spouse/Significant Other Full Name _____ Date of Birth ___ / ___ / _____

Primary Phone _____ Email _____

Education Level and School

Applicant _____

Spouse/Significant Other _____

What is your current USGA handicap index? Applicant _____ Spouse/Significant Other _____

Past or Present Private Club Memberships

Applicant _____

Spouse/Significant Other _____

Are you currently a member of any Fraternities, Professional Associations, Charities, or other Civic Organizations?

Please list any Special Interests or Hobbies you have.

For family applications: Children in your home under age 23

Name _____ M or F DOB ___ / ___ / _____

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Employment Information

Applicant Employer _____ Title _____

Type of Business _____ Employed Since ___ / ___ / ___

Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Email _____

Spouse/Significant Other Employer _____ Title _____

Type of Business _____ Employed Since ___ / ___ / ___

Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Email _____

Why would you like to become a member of MGC?

Understanding that your answer will not affect your application, would you be interested in serving on member committees or the board of directors? Yes _____ No _____

Please indicate which of the Club's facilities and/or services you plan to use or wish to receive more information about (circle/check all that apply):

1. Golf

- a. Private Lessons
- b. Various Member Events (Match Play, Old Pal, Invitational, Guest Days)
- c. Women's Leagues and Clinics
- d. Golf Camps and/or Clinics for Children

2. Pool

- a. General Family Use
- b. Swim Team
- c. Lessons for Children
- d. Parties

3. Member Dining and Banquet Facilities

- a. General Member Dining
- b. Use of Clubhouse for Meetings/Banquets

What aspects of the Club were part of your decision to join MGC (circle/check all that apply):

- 1. Family Club
- 2. Great Golf Course
- 3. Swimming Pool w/Swim Team and Lessons
- 4. Member Dining
- 5. Banquet Facilities

Primary Sponsor _____

Supporting Sponsor _____

Send Billings to: Business _____ or Home _____



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MINNEAPOLIS GOLF CLUB
BACKGROUND INVESTIGATION AUTHORIZATION

For Membership Purposes
(Please read carefully before signing)

The Fair Credit Reporting Act (1971) requires that we inform you that a background investigation may be conducted as part of our membership screening and selection process. This may include an inquiry to obtain information regarding your character, general reputation, personal characteristics and mode of living. The main object of the investigation is to verify information you provided on your application or during the interview process. Upon your written request within a reasonable period of time, additional information as to the nature and scope of the report, if one is made, will be provided. In addition, if a report is made, you have the right to request details of the report from the consumer reporting agency.

The items of information requested below are needed to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions

Date of Birth: _____ / _____ / _____ (Month, Day, Year)

Driver's License # _____ State _____

Social Security # _____ / _____ / _____

Other Names Used & Date Changed (Including Maiden Name) _____

Resident Addresses For The Past 7 Years:

Street Address	City	State/Zip Code	County	From Mo/Yr	To Mo/Yr

Have you ever been charged with or convicted of a Felony or Misdemeanor crime? Yes _____ No _____

If yes, please explain. _____

What state, what county, what year? _____

I authorize the Minneapolis Golf Club and/or Orange Tree Employment Screening and their agents to investigate my background as it pertains to membership considerations. This may include investigations of personal/professional references, licenses and information contained in public records including credit, criminal and motor vehicle data. I release all persons, companies or corporations furnishing such information from liability and responsibility. A Photostat copy of this document may be substituted for the original.

Printed Full Name of Applicant _____

Signature of Potential Member _____ Date _____

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