



Sevakeen Country Club

Membership Application

1365 Sevakeen Circle
Salem, OH 44460
Phone: (330) 537-8679
Fax: (330) 537-8679
Email: secretary@sevakeen.com

Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Place of Birth: _____ Date of Birth: _____

Place of Employment: _____

Occupation: _____

Church Affiliation: _____ Organizations: _____

Spouse's Full Name: _____ Date of Birth: _____

Child's Full Name: _____ Date of Birth: _____

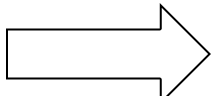
Child's Full Name: _____ Date of Birth: _____

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Membership Application Continuation:

Are you planning to build or purchase a home at Sevakeen? (yes or no) _____

If yes, what is the name of the present owner _____

Have you read the Lease Agreement and Addendum? (yes or no) _____

Applicant must furnish the **Name, Address, and Phone Number** of THREE credit references, including banker

1. _____

2. _____

3. _____

Were you recommended by anyone? (Print name) _____

Member who recommended you must sign _____

I hereby agree to allow Sevakeen County Club Board of Directors to request information from the above references. I also agree by the By-Laws, Ground Rules, and regulations of Sevakeen Country Club.

Signed: _____ Date: _____

\$25.00 deposit must accompany application when submitted



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Membership Application Continuation:

For Board use only

Applicants Investigated by: _____

Date of interview: _____

Date of reference check: _____

Date of vote: _____

Date of Approval/Denial Letter sent out: _____

Approved: _____ Date: _____

Denied: _____ Date: _____

Notes: