



Sevakeen Country Club

1365 Sevakeen Circle

Salem, OH 44460

Phone: (330) 537-8679

Email: secretary@sevakeen.com

Membership Application

Date _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Place of Birth: _____ Date of Birth: _____

Place of Employment: _____

Occupation: _____

Organizational Memberships: _____

Spouse's Full Name: _____

Date of Birth: _____

Child's Full Name: _____

Date of Birth: _____

Child'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 (cont.)

Driver's License Number _____ State _____

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 references.

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 to abide with the By-Laws, Ground Rules, and regulations of Sevakeen Country Club.

Signed: _____ Date: _____

\$25.00 deposit must accompany application when submitted.

**Authorization to obtain records and other information for
membership purposes.**

PLEASE READ CAREFULLY BEFORE SIGNING
WAIVER

I, _____, acknowledge and agree that ABI and Alpha Background Investigations, agent acting on behalf of ABI may obtain a consumer report as a condition of employment and, if hired, at any time during my employment for promotion or retention purposes.

I hereby authorize any and all persons, entities, companies, consumer reporting agencies, institutions and government agencies to release any information and records they may have concerning my background and qualifications for employment. All information received will be in strict compliance with all federal and state laws including the Fair Credit Reporting Act 15 U.S.C. 1681 et seq., Privacy Act Title 28 (Public Act 93-579) 5 U.S.C. 552(a), Freedom of Information 5 U.S.C., 552, etc.

I understand and agree that ABI and Alpha Background Investigations have no duty to investigate the correctness of information received from others and that ABI may rely on and base its decision solely upon the information contained in such consumer reports. I agree that a photographic or facsimile copy of this document shall be as valid as the original.

Standard Services: CRIMINAL REPORT, CIVIL RECORDS, EMPLOYMENT VERIFICATION, EDUCATION, SS VERIFICATION, CREDIT HISTORY, DRIVING RECORDS, REFERENCES, CREDIT HISTORY AND WORKERS COMPENSATION

APPLICANT'S FIRST NAME	
APPLICANT'S MIDDLE NAME/INITIAL	
APPLICANT'S LAST NAME	
APPLICANT'S MAIDEN NAME	
APPLICANT'S SOCIAL SECURITY NUMBER	
APPLICANT'S DATE OF BIRTH	
APPLICANT'S DRIVER'S LICENSE NUMBER	
STATE ISSUED	
CURRENT ADDRESS	
CITY/STATE/ZIP	

I have read and fully understand the above release.

Print Name

Signature of Applicant

Date



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Membership Application Committee

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: