

# THE GREENWICH CLUB

5426 Post Road, P.O. Box 411

East Greenwich, RI 02818

(401) 884-8153



## APPLICATION FOR MEMBERSHIP

Date \_\_\_\_\_

Mr. \_\_\_\_\_ Mrs. or Ms. \_\_\_\_\_

Residence \_\_\_\_\_

City/Town & Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Places of Employment: Husband \_\_\_\_\_ Telephone \_\_\_\_\_

Wife \_\_\_\_\_ Telephone \_\_\_\_\_

Proposed by and /or References: \_\_\_\_\_

### CHILDREN

Under 21 years of age (list others on back)

Name	Birthdate	Name	Birthdate
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

I hereby make application to The Greenwich Club  
If elected, I agree to abide by the rules and regulations of the Club

Applicant's Signature \_\_\_\_\_

A non-refudable application fee of \$100.00 must accompany each application

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For Office Use Only

Date Received \_\_\_\_\_ Presented to the Board \_\_\_\_\_

Action \_\_\_\_\_ Accepted \_\_\_\_\_

Remarks \_\_\_\_\_