

SPONSORED MEMBERSHIP APPLICATION

NAME _____
STREET ADDRESS _____
CITY/STATE/ZIP _____
MAILING ADDRESS (IF DIFFERENT) _____

DATE of BIRTH _____ DRIVERS LICENSE # _____ STATE _____
EMAIL _____ CELL # _____
EMPLOYER _____ HOW LONG _____
EMPLOYER ADDRESS _____
OCCUPATION _____ PHONE _____

SPOUSE NAME _____
DATE of BIRTH _____ DRIVERS LICENSE # _____ STATE _____
EMAIL _____ CELL # _____
EMPLOYER _____ HOW LONG _____
EMPLOYER ADDRESS _____
OCCUPATION _____ PHONE _____

CHILDREN: LIST BELOW

_____ AGE _____
_____ AGE _____
_____ AGE _____
_____ AGE _____

PERSONAL REFERENCES:

NAME _____ PHONE _____
ADDRESS _____
NAME _____ PHONE _____
ADDRESS _____
NAME _____ PHONE _____
ADDRESS _____

_____ I agree and understand that my membership in the Texins Lake Texoma Club is that of a sponsored membership and is primarily for the enjoyment of my immediate family. In the event that I have a guest on the premises I understand that I have the sole responsibility for their conduct.

_____ I agree to abide by all the rules and regulations set forth by the Texins Lake Texoma Club.

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items. An initial is required in each blank above.

Applicant _____ Date _____

Sponsor Section:

I am a member and lot holder at Texins Lake Texoma Club member and I agree to sponsor the above person for Sponsored Membership.

Sponsor _____ Date _____

Printed _____

BOARD MEMBER SIGNATURE / PRINTED NAME DATE
