



## **Minneapolis Golf Club APPLICATION FOR MEMBERSHIP**

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### **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 (Full Pay) Membership \_\_\_\_\_  
Applicant's Signature

Payment Plan (Non Voting) Membership \_\_\_\_\_  
Applicant's Signature  
(Will become voting member when initiation fee is paid in full)

**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 \_\_\_ / \_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ M or F DOB \_\_\_ / \_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ M or F DOB \_\_\_ / \_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ M or F DOB \_\_\_ / \_\_\_ / \_\_\_\_\_

**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?

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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 \_\_\_\_\_



**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 \_\_\_\_\_

(MN/CA/OK Residents Only): Do you wish to receive a copy of your consumer report? Yes \_\_\_\_\_ No \_\_\_\_\_

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