



**MEMBERSHIP APPLICATION**

To : **The Members of the Board of Directors of Club Punta Fuego, Inc.**

Type  Regular Membership  Associate Membership  Assignment of Playing Rights

Preferred billing address:  Residence  Business

**PERSONAL INFORMATION:**

Title Mr./Mrs./Ms. \_\_\_\_\_  
Name (Full) \_\_\_\_\_  
Date of Birth (MM/DD/YR) \_\_\_\_\_ Nationality \_\_\_\_\_  
Residential Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Type of Business \_\_\_\_\_ Position \_\_\_\_\_  
Business Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Email Address \_\_\_\_\_ Years of Service \_\_\_\_\_

*If you are married:*

Spouse's Name \_\_\_\_\_  
Wedding Anniversary Date (MM/DD/YR) \_\_\_\_\_ Email Address \_\_\_\_\_  
Name of Employer of Spouse \_\_\_\_\_ Position \_\_\_\_\_  
Business Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

*If you are an expatriate:*

Type of Visa \_\_\_\_\_ ACR No. \_\_\_\_\_

*(Please attach photocopy of passport page indicating visa status)*

*If you have dependents:*

DEPENDENT'S NAME AND AGE	DATE OF BIRTH (MM/DD/YR)
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

*(Please attach a copy of the birth certificate of each dependent)*

**AFFILIATIONS:**

Club membership/s currently held:

NAME	ADDRESS	LENGTH OF MEMBERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REFERENCES:**

Member Proposer \_\_\_\_\_ Signature \_\_\_\_\_  
Member Seconder \_\_\_\_\_ Signature \_\_\_\_\_

