



**Cumberland Country Club offers the finest private club experience in Western Maryland and prides itself on promoting a rewarding golf and social experience to all of its members, guests and families.**

**We are in the business of entertaining our members and guests and assisting them to establish and maintain both personal and business relationships in the local and regional community.**

**If our mission and goals fall in line with your personal and professional needs, this is a Membership Opportunity that you MUST explore!**

**If you should have any questions regarding the information in this packet, do not hesitate to contact:**

**Mickey Robinson, Marketing Director  
@ [mickeyr@atlanticbb.net](mailto:mickeyr@atlanticbb.net) or  
by calling 301-697-8820**

## Membership Selection

### Golf Categories

Platinum Golf \_\_\_\_\_  
Gold Golf \_\_\_\_\_  
Golf \_\_\_\_\_

### Social Categories

Gold Social \_\_\_\_\_  
Social \_\_\_\_\_

Are you eligible for the following?

Family \_\_\_\_\_

Individual \_\_\_\_\_

Senior \_\_\_\_\_ (65 years of age or older)

Junior \_\_\_\_\_ (up to the age of 40)

Regional \_\_\_\_\_ (residing 26 or more air miles from the club)

Associate \_\_\_\_\_ (residing 50 or more air miles from the club)

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby apply for membership in the Cumberland Country Club, and if elected, agree to abide by the Constitution and By-laws of the club.

Signature of Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Soc Sec No. \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Names & Birthdates of dependant children under the age of 21

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Sponsor Name \_\_\_\_\_

### Credit Card Information (Required)

Visa \_\_\_\_\_ MC \_\_\_\_\_ Amex \_\_\_\_\_ Discover \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

I hereby authorize Cumberland C.C. to bill my credit card at any time my monthly bill becomes "Past Due".

Signature (required) \_\_\_\_\_

\*\*\*All applications are subject to Board of Director's approval\*\*\*