



2018 Applicant's Information Form

New Members NOTE: This form must be submitted with your payment and contract

Existing Members NOTE: Only if any information has changed, please fill out and submit with your payment and contract.

(Fill out completely and print legibly)

Applicant's Name: _____
(Individual Application)

Applicant's Name: _____
(Couple Application)

Mailing Address: _____
Street or P.O. Box (please include additional address information if applicable)

Town

State

Zip

Contact Information: _____
Home Phone

Mobile Phone

Work Phone

Email Address for Newsletters

Previous GHIN? Yes _____ No _____ GHIN Number: _____

If "yes", Country Club or Course Name: _____

Town

State

Zip

Co- Applicant _____

Contact Information: _____
Home Phone

Mobile Phone

Work Phone

Email Address for Newsletters

Previous GHIN? Yes _____ No _____ GHIN Number: _____

If "yes", Country Club or Course Name: _____

Town

State

Zip

******Junior & Young Adult Inner Club Applicants must complete this section******

Applicant's Date of Birth: _____

Emergency Contact: _____
(Parent or Legal Guardian)

Contact Information: _____
Home Phone

Mobile Phone

Work Phone

Email Address for Newsletters

Medical Conditions: _____

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