



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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Stagecoach Grille & Woodlawn Terrace • Cartside Café • Merrill's Tavern • Virtual Golf & Billiards • Fieldstone Suites
Golf Course & Practice Facility • Willowcreek Golf Academy • Willowcreek Pro Shop • Legacy Ballroom & Conference Center