

A deposit of \$100 must be received by the treasurer for this application to be considered for membership. Submit the deposit by mail to:

Mitchell Hills Club  
 PO BOX 662  
 Springfield, OH, 45501

Please contact the President Matt Johnson at 937-209-9012 to make alternate arrangements.



Mitchell Hills is a "Family Club". It is expected that Members will treat their Club as they do their own home. By sending this email, you are agreeing that yourself, your family, and your guests will follow the terms and expectations of Mitchell Hills Club. Please email this application to: [info@mitchellhills.com](mailto:info@mitchellhills.com)

## MITCHELL HILLS MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:		Date:
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:

### EMPLOYMENT INFORMATION

Current employer:		
Employer address:		
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:		

### SPOUSE INFORMATION, IF JOINT MEMBERSHIP

Name:		
Date of birth:	Email:	Phone:

### SPOUSE EMPLOYMENT INFORMATION

Current employer:		
Employer address:		
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:		

### CHILDREN (AGE), IF MEMBERSHIP PRIVILEGES DESIRED

Name	Name
Name	Name

### IF REFERRED BY MEMBER, WHO IS THE MEMBER:

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### SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	Date: