

Lakeside Country Club

1520 Rose Garden Drive
Metairie, Louisiana 70005
Phone 834-9200 • FAX 834-9067
E-mail: office@lakesidecountryclub.org

Date _____

I, the undersigned, hereby agree to pay Lakeside Country Club the sum of \$575.00. I understand that this is a one-time membership fee and is non-refundable. I understand that I will be invoiced four times a year for membership dues of \$210.00. I understand that I am responsible for notifying the office with any address change information.

SUBSCRIBER (full name)

SPOUSE (full name)

ADDRESS

OCCUPATION (Spouse)

CITY STATE ZIP CODE

BUSINESS PHONE (Spouse)

HOME # / CELL#

CELL# (Spouse)

OCCUPATION PHONE #

E-MAIL ADDRESS

Children's Names and Dates of Birth

References

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

Recommended by:

5. _____

1. _____

6. _____

OTHER PERSONS RESIDING IN YOUR HOME:

NAME RELATION

APPLICANT'S SIGNATURE