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)

_____
ADDRESS

_____
CITY STATE ZIP CODE

_____/_____
HOME # CELL#

_____
OCCUPATION PHONE #

_____
E-MAIL ADDRESS

_____
SPOUSE (full name)

_____
OCCUPATION (Spouse)

_____
BUSINESS PHONE (Spouse)

_____
CELL# (Spouse)

_____
E-MAIL ADDRESS

Children's Names and Dates of Birth
1._____

2. _____

3. _____

4_____

5._____

References
1._____

2._____

3._____

Recommended by:

1._____

OTHER PERSONS RESIDING IN YOUR HOME:

_____
NAME RELATION

_____
SIGNATURE