

# Island View Golf Club

Dear Prospective Member:

At the present time, a share of Island View Golf Club stock, which is sold by the Club to a new member, is sold at the price of \$6,400.00. There can be no guarantee that this will be the price of a share of stock in Island View Golf Club at such time you are eligible for a membership. The stock price may fluctuate during the period of time in which you are on the membership waiting list and it also may fluctuate after you are approved and have acquired a share of stock. The Articles of Incorporation and By-Laws of Island View Golf Club allow for the price of a share of stock to be changed under certain conditions as determined by the Board of Directors.

You should also be aware that at the present time, Island View Golf Club requires a NON-REFUNDABLE transfer fee of \$2,500 plus 6 1/2% Minnesota Sales Tax to be paid to the Club at which time a share of stock has been issued to a member. You should also be aware that there is no guarantee that the transfer fee will remain at \$2,500.00. The transfer fee is reviewed on an annual basis by the Board of Directors. Over the past several years the Board has increased the fee annually. There is no way that Island View Golf Club can commit, at this time, as to what the transfer fee might be at the time you are eligible for membership.

As a requirement for placing your name on the prospective membership list of Island View Golf Club, you are required to countersign this letter indicating that the items discussed herein have been communicated to you.

Sincerely yours,

Cliff Stahlke  
Coordinator

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

## **REFERENCES**

Give the name, address and phone number of the bank at which you maintain your primary accounts:

Give the name, address and phone number of two personal references, at least one of them should be a current member of Island View Golf Club:

Are there any claims, suits or judgments against you?

Have you ever been convicted of a felony?

Has your membership ever been involuntary terminated in any private athletic club, country club or golf club? If so, why?

Has your golf handicap ever been adjusted by a handicap committee at any golf club or golf course where you maintain such handicap?

Everything that I/we have stated in this application is true and correct to the best of my/our knowledge. I/we understand that Island View Golf Club will retain this application whether or not it is approved. Island View Golf Club is authorized to check my/our credit and employment history and to answer questions about my/our credit experience with me/us.

I/we agree to submit an updated application in such time as I/we reach the top of the waiting list. I/we acknowledge that making a deposit in order to have our name(s) placed on the waiting list at Island View Golf Club does not guarantee that I/we will be selected for membership and I/we acknowledge that my/our application will be subject to review and approval at the time my/our name(s) reach the top of the membership waiting list.

**Date** \_\_\_\_\_

**Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**Applicant** \_\_\_\_\_

**ISLAND VIEW GOLF CLUB  
MEMBERSHIP APPLICATION**

**APPLICANT**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Years at this Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Previous Address, if less than two years at  
current address: \_\_\_\_\_  
\_\_\_\_\_

**Employer's Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

Type of Business: \_\_\_\_\_

Position Held: \_\_\_\_\_

How Long Employed with this Employer: \_\_\_\_\_

Previous Employer, if less than two years with  
current employer: \_\_\_\_\_

**Applicant:**

Do you presently maintain an USGA  
handicap? \_\_\_\_\_

If so, where : \_\_\_\_\_

What is your GHIN number? \_\_\_\_\_

Name, address and phone number of all  
locations where you have maintained a  
handicap within the last 5 calendar years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CO-APPLICANT (SPOUSE)**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Years at this Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Previous Address, if less than two years at  
current address: \_\_\_\_\_  
\_\_\_\_\_

**Employer's Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

Type of Business: \_\_\_\_\_

Position Held: \_\_\_\_\_

How Long Employed with this Employer: \_\_\_\_\_

Previous Employer, if less than two years with  
current employer: \_\_\_\_\_

**Applicant:**

Do you presently maintain an USGA  
handicap? \_\_\_\_\_

If so, where: \_\_\_\_\_

What is your GHIN number? \_\_\_\_\_

Name, address and phone number of all  
locations where you have maintained a  
handicap withing the last 5 calendar years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_