

1929 Midvale Country Club

Candidate Profile

2025

As a prerequisite for membership consideration, we ask that you provide us with information about yourself and your family. Completion of this form does not confer any membership rights or privileges.

Please note: Your name will be posted for seven (7) days inviting member comments. This information is for Midvale Country Club use only and your signature waives any right to disclosure of said information.

M	<u>EM</u>	BEI	<u>RSH</u>	<u> IP</u>

Type of mem	bership desired			
Senior □	Associate □	Young Professional □	Junior □	Social/Pool/Tennis □
What do you feel you can offer or bring to the club, if invited to join?				

PERSONAL INFORMATION

Name:				
Home Address:				
City, State, Zip: _				
How long at resi	dence:			
Years in Rochest	er:			
Email Address:				
Cell Phone:				
Date of Birth: _				
Place of Birth: _			_	
Parents Names:				
Marital Status:	Single □	Married □	Divorced □	Widowed □
Spouse's Name:				
Spouse Date of E	3irth:			
Spouse Email Ad	ldress:			
Spouse Cell Pho	ne:			
Please list childre	en's names a	ind ages:		
		-		
				

EDUCATION

Applicant Education:	
High School	Graduation Year
College	Graduation Year
Degree(s)	
Spouse's Education:	
High School	Graduation Year
College	Graduation Year
Degree(s)	
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	<u>ONAL/CAREER</u>
Current and Previous Employer(s)	
1.)	
Address:	
City, State, Zip:	Telephone:
Title:	
Length of Employment (provide dates):	
2.)	
Address:	
City, State, Zip:	Telephone:
Title:	
Length of Employment (provide dates):	
3.) Spouse's Employer:	
Address:	
City, State, Zip:	
Title:	

OTHER CLUB AFFILIATIONS

Please list affiliations with	other private clubs of	f which you are n	ow or have been a member:
1			
3			
	<u>OTHI</u>	ER ACTIVITIES	
Indicate your preference	for the following club	activities:	
Formal Dining □ Cas	sual Dining En	tertaining □	Golf □
Business Meetings □	Swimming □	Tennis □	Platform Tennis □
Volunteer Organizations _			
Do you currently entertain		ASSOCIATION	
List the members of the c			personally acquainted:
Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	
List any relatives who are	or have been membe	rs of the club:	
Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	

Please take this opportunity to state why you would like to join Midvale Country Club:		
IOMINEE AUTHORIZATION TO DISCLOSE AND RELEASE INFORMATION:		
hereby authorize the disclosure and release of information to Midvale Country Club for the purpose of avestigating my character, general reputation, personal characteristics, mode of living, and financial condition.		
certify that, to the best of my knowledge, the foregoing information is correct. I understand that any nisrepresentation shall be cause for denial of further consideration.		
felected to membership, I agree to abide by the Bylaws, Rules and Policies of the Club as set forth by the membership and the Board of Governors. In addition, I agree to pay any and all charges authorized by me or by a member of my immediate family, as named herein. I understand that they may include lues, assessments, food, beverages, service charge, and other charges of similar nature.		
ignature of Candidate: Date:		



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We appreciate your interest in becoming a Member at Midvale Country Club. This <u>Possible Liability</u> <u>Clause</u> must be completed and submitted prior to approval.

Possible Liability Clause

I understand and agree that, as a member of Midvale Country Club, I assume complete responsibility for two full fiscal years' dues, including any assessments that may be levied to the membership following the close of each fiscal year as outlined in the Membership Program. Thereafter my membership will continue on a year-to-year basis unless I notify the Board of Governors otherwise in writing prior to January 31st of the second full fiscal year (or any year thereafter). I further understand and agree that all members are subject to rules and regulations established by the Board of Governors of the club as they now exist or may be amended in the future and that I have received a copy of the current rules and regulations and by-laws. I further agree that in the event it becomes necessary to collect any sums that may be due, I shall be responsible for all costs incurred including reasonable attorney's fees.

Signature of Applicant: _	
Date:	
	When completed, please email to

generalmanager@Midvalecc.com