



Candidate Personal Profile - Membership

Personal Information

Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Ph: _____ Work Ph: _____

Cell Ph: _____ Email: _____

What social media tools are you currently utilizing?

- Facebook LinkedIn
- Twitter None
- Other _____

Education & Certifications

Institution name: _____ Location: _____
Degree earned: _____ Dates attended: _____

Institution name: _____ Location: _____
Degree earned: _____ Dates attended: _____

Institution name: _____ Location: _____
Degree earned: _____ Dates attended: _____

Other industry aligned courses of study:

_____ Dates attended/completed: _____
Dates attended/completed: _____
Dates attended/completed: _____

Certifications

- PCMA: Year Certified: _____ Status: _____
- PGA: Year Certified: _____ Status: _____ Classification: _____
- CCM: Year Certified: _____ Status: _____
- Other: _____

Employer Information

1. Present/most recent employer: _____

Position/Title: _____ Start date: _____ End date: _____

Reported to: _____

Name

Title

Location

Reported to you (please include name and title):

Reason for leaving:

2. Previous employer: _____

Position/Title: _____ Start date: _____ End date: _____

Reported to: _____

Name

Title

Location

Reported to you (please include name and title):

Reason for leaving:

3. Previous employer: _____

Position/Title: _____ Start date: _____ End date: _____

Reported to: _____

Name

Title

Location

Reported to you (please include name and title):

Reason for leaving:

Club Amenities & Facility Details

Please provide the following information reflective of your most recent place of employment:

Year club founded: _____

Gross Revenue: _____

Gross Dues: _____

Total number of members: _____

Number of full privileged members: _____

Total number on waitlist: _____

Initiation Fees: _____

Dues: _____

Number of membership categories: _____

Ownership type:

Member owned

Developer owned

Other (please describe): _____

Golf:

Number of holes: _____

Open year round: _____

Number of rounds annually: _____

Other Sports Areas (provide numbers of courts/courses as appropriate):

Bowling: _____

Skeet & Trap: _____

Yacht/Harbor Ops (include number of slips): _____

Tennis: _____

Paddle: _____

Squash: _____

Croquet: _____

Pools/Aquatics: _____

Fitness (sq ft): _____

Stables: _____

Spa: _____

Other: _____

Statement of Verification & Signature

By signing below, you attest that the information you provided is accurate and true to the best of your knowledge.

Signature

Date

Candidate Compensation Profile – Membership

Employer Information

Present/recent employer: _____

Position: _____ Years in position: _____

Annual Base: _____ Bonus: _____

How was bonus calculated: _____

Commissions: _____ Other Income: _____

Previous employer: _____

Position: _____ Years in position: _____

Annual Base: _____ Bonus: _____

How was bonus calculated: _____

Commissions: _____ Other Income: _____

Benefits Information

For the following, please provide information from your most recent place of employment.

Please describe your paid time off (PTO) benefits: _____

Medical Insurance

- I receive(d) coverage from my employer.
- I do/did not receive coverage from my employer.

Type of Coverage:

- Single/for self
- Spouse/family

Percentage paid by employer: _____ Dollar Value of annual medical insurance benefit: _____

Dental Insurance

- I receive(d) coverage from my employer.
- I do/did not receive coverage from my employer.

Type of Coverage:

- Single/for self
- Spouse/family

Percentage paid by employer: _____ Dollar Value of annual dental insurance benefit: _____

Life Insurance

- I receive(d) coverage from my employer.
- I do/did not receive coverage from my employer.

Type of Coverage:

- Single/for self
- Spouse/family

Percentage paid by employer: _____ Dollar Value of annual life insurance benefit: _____

Disability Insurance

- I receive(d) coverage from my employer.
- I do/did not receive coverage from my employer.

Type of Coverage:

- Single/for self
- Spouse/family

Percentage paid by employer: _____ Dollar Value of annual disability insurance benefit: _____

401k – Retirement Plan

- I have a 401k Plan through my employer.
- I do/did not have a 401k Plan through my employer.

Type of Coverage:

- I was offered matching contributions Annual Amount: _____
- I was not offered matching contributions.

Please explain any other type of arrangements: _____

Allowances:

- Clothing Amount: _____
- Dry Cleaning Amount: _____
- Dining Amount: _____
- Auto Amount: _____

Industry Association Membership Reimbursement

- PCMA Please describe: _____
- PGA Please describe: _____
- CMAA Please describe: _____
- Other Please describe: _____

Club Membership Privileges

- Yes - for self Annual Value: _____
- Yes - for family Annual Value: _____
- No

Statement of Verification & Signature

You agree that Club Thinking Partners and its third-party affiliates may verify the information provided herein.

Signature

Date