



# The COUNTRY CLUB of the CRYSTAL COAST

... where friends connect

## APPLICATION FOR MEMBERSHIP

Dear Prospective Member,

Thank you for your interest in membership at The Country Club of the Crystal Coast. The prospective member is requested to complete the Application for Membership and submit it to the Administrative Office. Upon receipt of the required information, the application is reviewed and voted upon by the Board of Directors. We look forward to assisting you throughout the membership approval process. Please feel free to contact us with any questions you may have regarding the enclosed information.

**TERMS OF MEMBERSHIP:** I have been advised of the privileges and obligations associated with the various categories of membership at The Country Club of the Crystal Coast and wish to apply for membership in the category selected below. I agree to remain a member for a period of not less than twelve (12) months. Furthermore, I hereby agree to pay for all dues which are billed in advance, assessments, and/or charges for food and beverage, merchandise and service costs within 15 days, and an annual food minimum of \$360 annually for a Single Membership or \$720 annually for the Family Membership. I further agree to pay all costs, including reasonable attorney fees and expenses, and court costs incurred in the cost of the indebtedness. It is understood that if I do not comply with the By-Laws of The Country Club of the Crystal Coast and the Rules and Regulations promulgated by the Board of Directors and different committees effective at present and in the future, I will be subject to suspension or expulsion by the Board of Directors. Ownership of a MVC is a prerequisite of membership in the Club for all members, except for Social Members. The Country Club of the Crystal Coast reserves the right to amend, modify or supplement these rules, terms, and conditions at any time and without prior notice. Single Membership is an adult individual who has no Dependent Family Member whose primary residence is in his or her household. Family Membership is two (2) or more people living together whose permanent residence is in the same household, together with their unmarried dependent children less than twenty-two (22) years of age who reside with them and/or their unmarried dependent children who are full time students less than twenty-five (25) years of age.

( ) - Initial here. I understand that by signing below I will be obligated to follow the rules listed above for a period of not less than twelve (12) months. After 12 months, it will go quarter by quarter.

( ) - Initial here. Should my account become delinquent on the 16<sup>th</sup> of the month or after, The Country Club of the Crystal Coast is authorized to charge my credit card for any past due balance amount.

**FOLLOWING APPLICATION APPROVAL, WE WILL CONTACT YOU TO OBTAIN CREDIT CARD INFORMATION.**

Credit Card Type: ( ) MasterCard ( ) Visa ( ) American Express

Credit Card Account # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**PLEASE CHECK ONE (1) MEMBERSHIP CATEGORY BELOW:**

Full Member (Single) – (36+)	Junior Member (Single) – (22 to 35)	Social Member (Single) – (21+)
Full Member (Family) – (36+)	Junior Member (Family) – (22 to 35)	Social Member (Family) – (21+)
Full Non-Resident Member (Single) – (36+)	Sport Member (Single) – (22+)	Student Member – (14 to 21)
Full Non-Resident Member (Family) – (36+)	Sport Member (Family) – (22+)	Corporate Membership: _____

**ACCEPTANCE:** By my signature below, I hereby make application for membership to The Country Club of the Crystal Coast and agree that a photocopy, facsimile or e-mail of this authorization be accepted with the same authority as the original.

<b>Applicant's Signature:</b>		<b>Date of Application:</b>	
<b>Sponsor's Signature:</b>		<b>Date of Sponsor's Signature:</b>	

Please complete reverse side of our Application for Membership



# APPLICATION FOR MEMBERSHIP

Full Name:	
Spouses Full Name:	

Primary Residence Address:	
City/State/Zip Code:	
Mailing Address (if different):	
City/State/Zip Code:	
Additional Residence Address:	
City/State/Zip Code:	

Primary Email Address:	
Secondary Email Address:	

Home Phone Number:		Business Phone Number:	
Cell Phone Number:		Business Phone Number:	
Cell Phone Number:		Fax Number:	

Marital Status:		Applicant Date of Birth:		Spouse Date of Birth:	
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Occupation (current or, if retired, former):	
Occupation (current or, if retired, former):	

Name of Dependent Child:		Date of Birth:	
Name of Dependent Child:		Date of Birth:	
Name of Dependent Child:		Date of Birth:	
Name of Dependent Child:		Date of Birth:	

Outside Interests:	
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Current and Prior Club Affiliations:	

Have you ever had your membership suspended or terminated by another club or been asked to resign? If so, please provide details:

How did you hear about us? \_\_\_\_\_

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**ACCEPTANCE:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Membership Committee                      Date                      Membership Number**

\_\_\_\_\_  
**Date of Presentation to Board of Directors**