

Chamberlyne Country Club
Membership Application



Member Information

Mr. Dr. Mrs. Ms. Miss

Please Print

Name: _____ Date of Birth ____/____/____

Social Security: ____-____-____

Home Address: _____
City State Zip

Home Phone: (____) _____

Marital Status: Married Single E-mail address: _____

Company Name: _____ Phone Number: (____) _____

Type of Business: _____ Title: _____

Address: _____
City State Zip

Spouse Information

Mr. Dr. Mrs. Ms. Miss

Name: _____ Date of Birth ____/____/____

Company Name: _____ Phone Number: (____) _____

Type of Business: _____ Title: _____

Address: _____
City State Zip

Dependent Information

Spouses of members and all unmarried children who are (1) under 21 years of age who are not self-supporting, or (2) under 23 years of age, if the individual is a full time student and not self-supporting, shall be entitled to the privileges of the club, subject to the current House rules.

Name	Date of Birth	Sex	Charge Privileges
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Membership Information

I am applying for membership in the following category:

- Resident Full Golf \$135.00 + tax
- Non Resident Full Golf \$75.00 + tax
- Social \$35.00 + tax
- Social Senior \$15.00 + tax

Member Initiation and Dues

The amount of Member Initiation for my category is \$_____. This amount is due and payable at the time of sign-up. It is agreed that if this application is disapproved by the Admissions Committee, this agreement will become null and void, and the fee shall be returned by check.

The amount of member dues for my category is \$_____ per month. Membership dues are subject to a city tax and are also subject to change at the discretion of the Club.

I would prefer monthly statements to be mailed to: Home Business

I would prefer general club correspondence to be mailed to: Home Business

I would prefer monthly statements and general club correspondence to be emailed: Yes No
Email: _____

Sponsored for Membership by: _____

For the purpose of this agreement, the party which is to hold the membership, whether corporate or personal is the applicant. By signing this application, the applicant(s) authorize the Club to investigate his/her credit history.

_____	_____	_____
Name (please print)	Signature	Date

Chamberlyne Country Club

Past Due Account Policy

All members' accounts are to be paid in full by the due date provided on the monthly statement.

Any accounts that are 30 days past due will be charged a 10% late fee. The late fee will be assessed monthly until the entire balance is paid in full.

At such time as any account becomes 60 days past due, and we have not heard from you and/or arrangements to pay your balance have not been made, your membership will be suspended and your account will be turned over to our collection department. Your membership will not return to good standing until the outstanding balance is paid in full. During the suspension period, you may have no club privileges and may make no charges to your account.

Any account that is 90 days past due will cause your membership to be cancelled and the club will seek legal recourse against you for all monies due and all costs associated with the collection thereof.

I, the undersigned, have read and fully understand Chamberlyne Country Club's Past Due Account Policy and hereby agree to abide by its terms and consequences as a condition of my membership.

Name (please print)

Signature

Date

Chamberlyne Country Club

Membership Policy Agreement

I, the undersigned, agree with the membership policy of Chamberlyne Country Club. I understand that I may drop at any time that I wish; however, if I rejoin within one year I will be subject to all the back dues for the months that I was not a member, also if I rejoin after one year has passed I will be subject to any initiation fee or dues increase that took effect while I was not a member. Agreeing with this policy and understanding all of its implications, I do knowingly and willingly enter into this contract with Chamberlyne Country Club.

Signature

Date

Chamberlyne Country Club

Debit/Credit Authorization Form

I, the undersigned, hereby authorize Chamberlyne Country Club to initiate an (select one: CHARGE ____ or CREDIT ____) entry to my checking/savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until the Club is notified by me in writing to cancel it in such time as to afford the Club and the Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution

Location (City, State)

Financial Institution's Routing/Transit Number: _____
(Look between symbols " | : |:" on your check)

Customer/Employee Signature

Date

Customer/Employee Name (Please Print)

Checking Account Number: _____

OR

Savings Account Number: _____

If you want your credit entry to be split between more than one account, please indicate below (otherwise, entire credit amount will go to the account listed above):

Account Number: _____ Type of Account: DDA / SAV Amount: _____

Name of Financial Institution, if different from above: _____

Routing/Transit Number: _____

I, the undersigned, hereby authorize Chamberlyne Country Club to draw monthly against the following credit card:

Card: _____ Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

*Petit Jean Country Club
Non-Profit Private Club
Application for Social Membership*

This form must be filled out completely, no matter which membership type the applicant is applying for because in order for this private club to operate within a dry county this form must be on file for every member. This form filled out and signed is necessary for membership, no exceptions.

Name: _____ Date of Birth: _____

Address: _____
City State Zip

Social Security Number: _____ Phone: (____) _____

I, the undersigned attest that this is an official application for membership. I agree to conform and abide by the by-laws and regulations of the Club as they may be amended from time to time.

Signature Date