



THE COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

CORPORATE MEMBERSHIP APPLICATION

PRINT OR TYPE ALL INFORMATION – BOTH SIDES

CORPORATE MEMBERSHIP POLICY

A Corporation may apply for a Corporate Membership. The Board must approve such memberships. Each Corporate Member will be required to pay one regular initiation fee per each individual membership and may then nominate not more than six (6) employees for individual membership within the Corporate Membership. The Board in accordance with Country Club of Lexington By-laws must approve each individual nominated. In the event an individual member leaves their membership the corporation may replace that member with the nomination of another employee subject to the approval of the Board. No additional initiation fee will be required. When approved by the Board that new member will be subject to all other requirements of a regular membership including the payment of regular monthly dues. Individual members within a Corporate Membership will be voting members. The Corporate Member is responsible for all debts not paid fully by an individual member under this section.

A Corporation is defined as a business entity created under the authority of the laws of a state and registered with the South Carolina Secretary of State to legally conduct business in the State of South Carolina.

To the Board of Directors of the Country Club of Lexington:

Our Company hereby makes application for a Corporate Membership in the Country Club of Lexington. As a member, our company, and the individual applicants approved for membership, will abide by the Constitution, By-laws, Rules and Policies of said Club and all subsequent amendments, additions and alterations that may be made thereto.

We understand, from above policy, an initiation fee and application for each of the up to six (6) employees must be submitted to the Country Club of Lexington's Board of Directors for approval. Also, that our company is financially responsible for all fees and charges to these accounts.

We understand that in the event one of our employees is no longer eligible for membership under our corporate membership, you will be notified immediately, plus receive a written notification along with his/her Country Club of Lexington membership card(s). Upon receipt of the written notice, we understand you will forward a Membership Update Form which we will be completed for the replacement of our membership vacancy. In the event we do not fill the vacancy immediately, we will continue to pay the monthly dues until it is filled, or provide a written request for the vacancy to be placed in inactive status, which we understand is for a minimum of one (1) year and a maximum of three (3) years, with the payment of six (6) months back dues to reactivate.

Company Name: _____

Physical Address: _____

Billing Address: _____

Accounts Payable contact: _____

Accounts Payable Telephone Number: _____

Fax number: _____

SIGNED: _____ **DATE** _____

TITLE: _____

Only signed and completed applications will be reviewed by the Board of Directors.

All information on this form is STRICTLY CONFIDENTIAL . . . to be used by The Country Club of Lexington – ONLY!



THE COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

MEMBER UNDER CORPORATE MEMBERSHIP APPLICATION

PRINT OR TYPE ALL INFORMATION – BOTH SIDES

To the Board of Directors of the Country Club of Lexington:

I hereby make application as a member under the Corporate Membership of _____ in the Country Club of Lexington. I agree to abide by the Constitution, By-laws, Rules and Policies of said Club and all subsequent amendments, additions and alterations that may be made thereto.

MEMBER'S FULL NAME _____ SPOUSE'S FULL NAME _____

Preferred name (i.e. nickname) _____ Spouse's Preferred name _____

Home Physical Address _____

Mailing Address (if different) _____

Home telephone number _____ Number of Years in Lexington area _____

Credit Reference (personal Bank and Location) _____

MEMBER'S PERSONAL INFORMATION

Date of Birth _____ SCGA Handicap [] YES [] NO [] Need to Establish

Occupation/Job title _____ No. of years with Business _____

Business Name _____

Business Address _____

Business telephone number _____ Digital/Voice pager _____

Cell/Mobile telephone number _____ e-mail address _____

Previous Employer _____

SPOUSE'S PERSONAL INFORMATION

Date of Birth _____ SCGA Handicap [] YES [] NO [] Need to Establish

Occupation/Job title _____ No. of years with Business _____

Business Name _____

Business Address _____

Business telephone number _____ Digital/Voice pager _____

Cell/Mobile telephone number _____ e-mail address _____

Previous Employer _____

APPLICANT'S SIGNATURE _____ Date _____

SIGNATURE (Corporation Representative): _____ Date _____

Proposed By _____ Date _____

Endorsed By _____ Date _____

Endorsed By _____ Date _____

Signatures

Print names

Comments of Corporation Representative, Applicant, Sponsor and/or Endorsers: _____

FAMILY INFORMATION

Please list the names of all your dependent children, up to the age 25 that are full-time students.

FULL NAME (Nickname)	DATE OF BIRTH	SCGA HANDICAP	INTEREST
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

IN CASE OF AN EMERGENCY, PLEASE NOTIFY (list name and phone number) _____

PRESENT AND PAST CLUB MEMBERSHIPS (List the Club, location and number of years as a member):

1. _____
2. _____
3. _____

ADDITIONAL INFORMATION - Optional – Thank you for completing this portion.

Please circle which club activities you and your family plan to participate in, serve on or help with.

Board of Directors	Member	Spouse	
Serve on Committee(s)	Member	Spouse	
Please indicate interests	_____	_____	_____
Charges to club account	Member	Spouse	Children
Golf	Member	Spouse	Children
Club tournaments	Member	Spouse	Children
Men’s Golf Association	Member	Spouse	
Senior Men’s Golf Association	Member	Spouse	
Ladies Golf Association	Member	Spouse	
Ladies Golf Clinics	Member	Spouse	
Junior Golf Clinics (participant/adult helpers)	Member	Spouse	Children
Golf lessons	Member	Spouse	Children
Tennis League	Member	Spouse	Children
Tennis lessons	Member	Spouse	Children
Tennis clinics	Member	Spouse	Children
Tennis courts (general use)	Member	Spouse	Children
Pool	Member	Spouse	Children
Swim lessons (children)			Children
Swim team (participant or parent committee)	Member	Spouse	Children
Water aerobics (adults)	Member	Spouse	Children
Social functions (Holidays/Special Occasions)	Member	Spouse	Children
Help with decorating/preparing for socials.	Member	Spouse	Children
Weekday lunch/ Business luncheons	YES	NO	
Evening dinners	YES	NO	
Sunday Brunch	YES	NO	
Wine Club (monthly fee)	YES	NO	
Bridge	Member	Spouse	

Please list any additional information you would like noted on your records.
