

COUNTRY CLUB OF LEXINGTON

1066 Barr Road
Lexington, SC 29072
(803) 359-8838

MEMBERSHIP INFORMATION UPDATE

PRINT OR TYPE ALL INFORMATION.

MEMBER NUMBER: _____

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 _____

MEMBER'S PERSONAL INFORMATION

Date of Birth _____ SCGA Handicap [] YES [] NO

Occupation/Job title _____

Business Name _____

Business Address _____

Business telephone number _____ Digital/Voice pager _____

Cell/Mobile telephone number _____ E-mail address _____

SPOUSE'S PERSONAL INFORMATION

Date of Birth _____ SCGA Handicap [] YES [] NO

Occupation/Job title _____

Business Name _____

Business Address _____

Business telephone number _____ Digital/Voice pager _____

Cell/Mobile telephone number _____ E-mail address _____

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
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Additional information on reverse side is optional. Thank you for helping us better serve you.

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

Optional information – Thank you for completing this portion.

ADDITIONAL INFORMATION -OPTIONAL

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

Automatic draft of my statement balance <i>(form required)</i>	[] YES	[] NO	
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 <i>(participant/adult helpers)</i>	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 <i>(general use)</i>	Member	Spouse	Children
Pool	Member	Spouse	Children
Swim lessons (children)			Children
Swim team <i>(participant or parent committee)</i>	Member	Spouse	Children
Water aerobics (adults)	Member	Spouse	Children
Social functions <i>(Holidays/Special Occasions)</i>	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	
Bridge	Member	Spouse	

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

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