



**THE COUNTRY CLUB OF
LEXINGTON**

1066 Barr Road, Lexington, SC 29072

<p align="center">REACTIVATION/REINSTATEMENT APPLICATION</p> <p align="center">PRINT OR TYPE ALL INFORMATION – both sides</p> <p align="right">Membership Number# _____</p> <p align="right">Reactivation fee _____</p> <p align="right">Activation Date _____</p>

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

I hereby make application to reactivate/reinstatement my membership 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.

Original Membership Activation Date (Month/Year) _____ Month/Year Left Club _____

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 [] Want 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 [] Want 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 _____

Comments: _____

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
Account Draft Payment Option	YES	NO	
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 Holiday Brunch	YES	NO	
Wine Club (monthly fee of \$29)	YES	NO	
Bridge	Member	Spouse	

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

Please make sure both sides are complete. Thank You.