



THE COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

SOCIAL MEMBERSHIP APPLICATION

PRINT OR TYPE ALL INFORMATION – both sides

Membership Number# _____

Activation Date _____

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

I hereby make application for a social membership in the Country Club of Lexington. I understand the social membership policy as follows: *A social membership includes the use of the clubhouse, pool, tennis courts, and driving range (with use of club range balls only – may be purchased by the bucket or join annual range program). The membership will also be allowed to make a reservation to golf play twice a month, Monday through Saturday after 12 o'clock noon, and pay green fees and cart rental. A social member cannot play in a tournament as a member* A social member will have priority, after the ex-dependent and inactive member's reactivation request, to become a full time member and the initiation fee will be reduced by the amount paid for the social membership initiation fee. **The Social Member has no voting privileges. 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 _____

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 _____

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 _____

Proposed By _____ Date _____

Endorsed By _____ Date _____

Endorsed By _____ Date _____

Signatures

Print names

Continued on back

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!**

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	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. _____

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.

Serve on Pool/Tennis Committee	Member	Spouse	
Charges to club account	Member	Spouse	Children
Account Draft Payment Option (form available online)	YES	NO	
Annual Range Balls Program (unlimited use – Annual fee applies)	YES	NO	
Tennis Association	Member	Spouse	
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/Aquatic Exercise (adults – if available)	Member	Spouse	
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 applies)	YES	NO	
Bridge	Member	Spouse	

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

Only signed and completed applications will be reviewed by the Board of Directors. Please complete both sides. Thank you.