



THE COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

JUNIOR MEMBERSHIP APPLICATION

PRINT OR TYPE ALL INFORMATION – both sides

Membership Number # _____

Activation Date _____

JUNIOR MEMBERSHIPS POLICY (Please check appropriate category). A member in either junior category does not have voting privileges. (NOTE: Percentages are approximated and will be rounded to rate approved by Board of Directors.)

- JUNIOR MEMBER** at the time of admission shall be *not less than 21 years old or past their 29th birthday*. Junior members shall pay, upon election, one third of the current initiation fee and monthly dues that are 50% of regular dues.
- JUNIOR EXECUTIVE MEMBER** at the time of admission shall be *not less than 30 years old or past their 34th birthday*. Junior members shall pay, upon election, two thirds of the current initiation fee and monthly dues that are 72% of regular dues.

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

I hereby make application for a junior membership in the Country Club of Lexington. I understand that my membership dues rate will automatically adjust to the next level as I reach the age limit(s) with no additional initiation fee to be paid. 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 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 _____

Proposed By _____ Date _____

Endorsed By _____ Date _____

Signatures

Print names

Comments of Applicant, Sponsor and Endorsers: _____

***Optionally – Initiation Fee Installment Agreement:** I have attached my check for 50% of the initiation fee and request the option to pay my initiation fee on an installment plan. I understand that with this option I agree to submit the balance in equal monthly installments of _____ until paid in full. I also understand that this is a legal, financial agreement with the Country Club of Lexington, and although there is no interest on the balance due, monthly late fees may occur if payment is not received when due.

SIGNED: _____

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	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.