



THE COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

est. 1967

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

I hereby make application for a 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.

FULL MEMBERSHIP APPLICATION

Date Received _____ Time Received _____

Membership Number # _____ Activation Date _____

Application updated and rates apply as of June 28, 2010

**** ATTACH \$500 RETAINER FEE TO APPLICATION ****

PRINT OR TYPE ALL INFORMATION – both sides MEMBER'S INFORMATION

MEMBER'S FULL NAME _____ Preferred name (i.e. nickname) _____

Date of Birth _____ SCGA Handicap Program (Circle one): **YES NO Need to Establish**

Home telephone number _____ Cell/Mobile telephone number _____

Home Physical Address _____

Mailing Address (if different) _____

Email address _____

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

Business Name _____

Business Address _____

Business telephone number _____ Fax _____

Previous Employer _____

Credit Reference (personal Bank and Location) _____

Have you been convicted of, pleaded guilty, or no contest to, or been convicted of any misdemeanor or felony? (Exclude minor traffic violations). (Circle one): **YES NO** If Yes, please explain. (Will not necessarily exclude you from consideration) _____

► **SIGNATURE** (Applicant) _____ Date _____

SPOUSE'S INFORMATION

SPOUSE'S FULL NAME _____ Spouse's Preferred name (i.e. nickname) _____

Date of Birth _____ SCGA Handicap Program (Circle one): **YES NO Need to Establish**

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

Business Name _____

Business Address _____

Business telephone number _____ Cell/Mobile telephone number _____

Email address _____

Previous Employer _____

Have you been convicted of, pleaded guilty, or no contest to, or been convicted of any misdemeanor or felony? (Exclude minor traffic violations.) (Circle one): **YES NO** If Yes, please explain. (Will not necessarily exclude you from consideration) _____

► **SIGNATURE** (Spouse) _____ Date _____

Proposed By _____ Date _____

Endorsed By _____ Date _____

Endorsed By _____ Date _____

Print Names

Signatures

Comments of Applicant, Sponsor and Endorsers: _____

Only COMPLETED applications will be considered by the Board of Directors (including signatures of applicant, spouse (if applicable) and Proposed/Endorsed by). Per CCL By-laws, applications require signatures of two (2) active members. If necessary, an interview with the Membership Committee may be requested in lieu of signatures. Committee members would meet the signature requirements if application passes through committee for consideration 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, *(Age limit and requirements described in CCL By-laws)*

FULL NAME <i>(Nickname)</i>	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 - This section is optional and we appreciate your input by completing the following. Thank you.

Please circle which club activities you and your family have an interest in participating.

Charges to club account	Member	Spouse	Children
Account Draft Payment Option <i>(application on website)</i>	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	
Junior Golf Clinics <i>(participant/adult helpers)</i>	Member	Spouse	Children
Golf lessons	Member	Spouse	Children
Tennis courts <i>(general use)</i>	Member	Spouse	Children
Tennis League	Member	Spouse	Children
Tennis lessons	Member	Spouse	Children
Tennis clinics	Member	Spouse	Children
Pool	Member	Spouse	Children
Swim lessons <i>(children)</i>			Children
Swim team <i>(participant or parent committee)</i>	Member	Spouse	Children
Social functions <i>(Holidays/Special Occasions)</i>	Member	Spouse	Children

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

OPTIONAL INITIATION FEE INSTALLMENT AGREEMENT

This option is not available during promotions with a reduced initiation fee, and amounts are subject to change.

I, _____ understand that by selecting this option I will be paying an additional 15% of the current full initiation fee, for a total of **\$1725.00**. Attached is my down payment of **\$585.00**. I make promise to pay **twelve (12) consecutive monthly installments of \$95.00**, to begin my first month of activity and payable by the 15th of each month thereafter until paid in full. I also understand that this is a legal, financial agreement with the Country Club of Lexington, that monthly late fees may occur if payment is not received when due, and if for any reason my membership is terminated, whether by me or the Country Club of Lexington, that I am legally obligated to submit any unpaid balance, plus accumulated late fees, within one year of my activation date, as promised. In addition, I realize that my membership is a non-voting membership until this debt has been satisfied.

SIGNED: _____

DATE _____

Please make sure both sides are complete. Thank You.