



# THE COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

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

I hereby make application for a junior executive membership in the Country Club of Lexington and realize, as a junior executive member, that I do not have voting privileges and that if an active member at age 35, my membership will automatically upgrade to a full membership 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.

## JR EXEC. (ages 30-34) MEMBERSHIP APPLICATION

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_

Membership Number # \_\_\_\_\_ Activation Date \_\_\_\_\_

Application updated and rates apply as of June 28, 2010

**A Retainer Fee of \$300 to be included with 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.*

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### 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 **\$1150.00**. Attached is my down payment of **\$394.00**. I make promise to pay **twelve (12) consecutive monthly installments of \$63.00**, to begin my first month of activity and payable by the 15<sup>th</sup> 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.*