



THE COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

MINOR (ages up to 18) MEMBERSHIP APPLICATION

Date Received _____ Membership # _____

Time Received _____ Activation Date _____

Attach \$125 Retainer Fee. To be applied to Initiation Fee.

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

I am under the age of 18 and hereby make application for a non-voting, minor membership in the Country Club of Lexington; but realize, as a minor, I require the authorization of a Parent / Legal Guardian of Record, which is included below. I understand as a minor member that I have access to all the club facilities year round, but restricted to golf play on Saturdays and Sundays to after 1:00 pm unless it is a club event / tournament which I am eligible to participate; an SCGA Handicap with the club would be required. I also understand that this is an individual membership; however, I am welcome to bring guests by paying the appropriate guest fees, and that guests are not permitted to use the driving range when I am practicing. 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, and failure to comply may result in a suspension, or possible termination of my membership.

PRINT OR TYPE ALL INFORMATION – MEMBER'S INFORMATION

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

Date of Birth _____ I need a SCGA Handicap Program (Circle one): YES NO ALREADY HAVE ONE

Home telephone number _____ Cell/Mobile telephone number _____

Home Physical Street Address _____

City _____ State and Zip code _____

Email address _____

School Attending _____ Year to Graduate _____

I am on the High School Golf Team YES NO Coach's Name _____

▶ **APPLICANT'S SIGNATURE** _____ Date _____

PARENT / LEGAL GUARDIAN OF RECORD'S INFORMATION

As the Parent / Legal Guardian of Record I understand that I am financially responsible for my minor child's membership. This includes; payment of monthly dues and all purchases charged to his /her CCL account. I will also be financially responsible for any damages to club facilities and/or grounds that he / she, and/or any guest, may be responsible for while on club property.

I also understand that my minor child will review and abide by all CCL By-Laws and Club Policies with the understanding that any infraction and / or misconduct may lead to a suspension, or termination, of my child's membership. I will not hold liable CCL, any CCL employee or members of the CCL Board of Directors for any incident that may occur to my child while on CCL property due to my child's negligence or any other incident / action that may have occurred that is considered the fault of my child and / or his / her guest (including but not limited too physical injuries, or violation of club rules), but do give authorization for any of the above to first notify medical personal in the case of an emergency, second to notify me, and third the emergency contact if I am unable to be reached.

PARENT / LEGAL GUARDIAN'S FULL NAME _____

Relationship to Member _____ Date of Birth _____

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

Business Name _____

Business Physical Address _____

City _____ State and Zip code _____

Business telephone number _____ Cell/Mobile telephone number _____

Monthly Statement Email address _____

An Emergency Contact other than myself _____

Relationship to Member _____ Contact's phone number _____

▶ **Parent / Legal Guardian's SIGNATURE** _____ Date _____

PROPOSED BY _____ Date _____

Endorsed By _____ Date _____

Golf Coach (if applicable) _____ Date _____

Active CCL Members' Signatures (at least two (2) required) Also, Please Print Name & CCL Member Number

Comments of Applicant, Sponsor and Endorsers: _____

Only COMPLETED applications will be considered by the Board of Directors (including signatures of applicant and Parent / Legal Guardian of Record, plus the Proposed & Endorsed by of 2 CCL active members and if applicable the Golf Coach). CCL By-laws requires signature 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!