



THE COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

REQUEST FOR CHANGE IN MEMBER STATUS

Date Received _____ Member since _____

Membership Number # _____ Effective Date _____

Form updated August 17, 2020

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

I hereby request that my membership be changed from _____ to _____. I also understand that I may request to return to my former status only after one (1) year from the effective date of this status change. Attached, if needed, is any documentation need to qualify for the change. I am aware of the differences that come with this change and 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.

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

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

Date of Birth _____ I need to establish a SCGA Handicap (Annual fee applies) Circle one: YES NO

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 (if retired, please list you're your field of expertise, thank you) _____

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) _____

▶ APPLICANT'S SIGNATURE _____ Date _____

SPOUSE'S INFORMATION

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

Date of Birth _____ I need to establish a SCGA Handicap (Annual fee applies) Circle one: YES NO

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

Business Name (if retired, please list you're your field of expertise, thank you) _____

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) _____

▶ SPOUSE'S SIGNATURE _____ Date _____

Briefly reason for your change request (more space on page 2 or attach a cover sheet): _____

Only COMPLETED requests will be considered by the Board of Directors (including signatures of applicant and spouse (if applicable)). With this request, the member acknowledges that he/she has reviewed and understands any and all CCL By-laws and policies that pertain to the approval of this change in status. Also, that under special circumstances, the CCL Board of Directors may forego and/or waive restrictions. This change will take effect the month following the received date or, if required, approval by the CCL 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. _____			

IN CASE OF AN EMERGENCY, PLEASE NOTIFY *(list name and phone number)* _____

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 *(Annual programs with fee are optional)*.

Charges to club account <i>(Form on website to add children's signature)</i>	Member	Spouse	Children
Account Draft Payment Option <i>(application on website)</i>	YES	NO	
CCL Buyers Club –Annual fee of \$125 <i>(Special discounts on merchandise)</i>	YES	NO	
Social Annual Range Program – \$150 per person <i>(Non-refundable/non-pro-rated)</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 (general use)	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
Food Services (Note: We do not have a food minimum)	Member	Spouse	Children
Evening Dinner <i>(A la Carte 6:00-8:00)</i> Please circle each day you may support	Wednesday	Thursday	Friday
Buffets <i>(Sunday Holidays 11:00-2:00 and One Thursday per month 6:00 – 8:00)</i>	Holidays	Thursdays	Others if offered
Social functions <i>(Holidays/Special Occasions)</i>	Member	Spouse	Children

Please list any additional information you would like noted on your records. If needed, use additional page and attach. Thank you.
