



THE COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

SENIOR MEMBERSHIP APPLICATION

Date Received _____ Membership # _____

Time Received _____ Activation Date _____

**** ATTACH \$1200 RETAINER FEE TO APPLICATION ****

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

I hereby make application for senior membership in the Country Club of Lexington. I am at least age 65 and understand I have all club privileges except making a tee time on weekends, as outlined in the CCL Policies and By-Laws Manual. I understand that with my, and my spouse's, if applicable, signature(s), that all information provided is current and correct, and that I/we 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. Thank you for your consideration of my application.

PRINT LEGIBLY 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 Program (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 Program (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** _____

PROPOSED BY _____ **Date** _____

Endorsed By _____ **Date** _____

Endorsed By _____ **Date** _____

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

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.

Information on this form is CONFIDENTIAL. The Country Club of Lexington does not provide or sell your information to outside entities.

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. _____			

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. _____

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 <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	
ClubCorp Signature Gold Upgrade –Monthly fee of \$55 <i>(Details with Welcome Letter)</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
Food Services <i>(Note: We do not have a food minimum)</i>	Member	Spouse	Children
Evening Dinner <i>(A la Carte during open kitchen hours)</i> Please circle each day you may support	Wednesday	Thursday	Friday
Buffets <i>(Sunday Holidays 11:00-2:00 and a Thursday during 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.

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 5% (approximated) installment fee on the balance due, with my \$1200 retainer fee to be used as my down payment. I make promise to pay **twelve (12) consecutive monthly installments of \$334.00**, 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 any 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.