



COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

CORPORATE MEMBERSHIP POLICY

A Corporation may apply for a Corporate Membership. The Board must approve such memberships. Each Corporate Member will be required to pay one regular initiation fee per each individual membership and may then nominate not more than six (6) employees for individual membership within the Corporate Membership. The Board in accordance with Country Club of Lexington By-laws must approve each individual nominated. In the event an individual member leaves their membership the corporation may replace that member with the nomination of another employee subject to the approval of the Board. No additional initiation fee will be required. Once approved by the Board of Directors, that new member will be subject to all other requirements of a regular membership including the payment of regular monthly dues. Individual members within a Corporate Membership will be voting members. The Corporate Member is responsible for all debts not paid fully by an individual member under this section.

A Corporation is defined as a business entity created under the authority of the laws of a state and registered with the SC Secretary of State to legally conduct business in the State of South Carolina.

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

Our Company hereby makes application for a Corporate Membership in the Country Club of Lexington. As a member, our company and the individual applicants approved for membership will abide by the Constitution, By-laws, Rules and Policies of said Club and all subsequent amendments, additions and alterations that may be made thereto.

We understand, from above policy, an initiation fee and application for each of the up to six (6) employees must be submitted to the Country Club of Lexington's Board of Directors for approval. Also, that our company is financially responsible for all fees and charges to these accounts.

We understand that in the event one of our employees is no longer eligible for membership under our corporate membership, you will be notified immediately, plus receive a written notification along with his/her Country Club of Lexington membership card(s). Upon receipt of the written notice, we understand you will forward a Membership Update Form which we will be completed for the replacement of our membership vacancy. In the event we do not fill the vacancy immediately, we will continue to pay the monthly dues until it is filled, or provide a written request for the vacancy to be placed in inactive status, which we understand is for a minimum of one (1) year and a maximum of five (5) years, with the payment of six (6) months back dues to reactivate.

Company Name: _____

Physical Address: _____

Billing Address: _____

Accounts Payable (AP) contact: _____

AP Telephone Number _____ Fax number: _____

AP Email address _____

I, _____ am authorized to submit this corporate application for membership to the Country Club of Lexington, and to accept financial responsibility on behalf of the above said corporation. Also, if applicable, I have attached a list of anyone authorized, with their signature and contact information that may sign for any corporate sponsored event associated with this membership.

SIGNED: _____ DATE: _____

TITLE: _____

PHONE NUMBER: _____ Email address: _____

Only signed and completed applications will be reviewed by the Board of Directors.

All information on this form is **STRICTLY CONFIDENTIAL** . . . to be used by **The Country Club of Lexington – ONLY!**

☒ CORPORATION MEMBERSHIP APPLICATION ☒

Date Received _____ Membership # _____

Time Received _____ Activation Date _____

****ATTACH A \$1200 RETAINER FEE TO EACH INDIVIDUAL MEMBER UNDER CORPORATE MEMBERSHIP (Maximum Six) ****



THE COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

MEMBER UNDER CORPORATION MEMBERSHIP

DATE RECEIVED _____ MEMBERSHIP # _____

TIME RECEIVED _____ ACTIVATION DATE _____

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

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

I hereby make application as a member under the Corporate Membership of _____, in the Country Club of Lexington. 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: _____

CONFIDENTIAL DATA for use by CC of Lexington ONLY. Please make sure both sides are complete. Thank You.

FAMILY INFORMATION

Please list the names of all your dependent children, *(Age limit and requirements described in CCL By-laws)*

FULL NAME (Nickname)	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. _____

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 PLAY AWAY 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 (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 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 (Holidays/Special Occasions)	Member	Spouse	Children

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