

# APPLICATION FOR MEMBERSHIP PRIVILEGES

The undersigned hereby applies for a membership at Spring Creek Golf Club. If approved, the undersigned requests that his/her name be placed on the Membership Roster as follows.

## MEMBERSHIP INFORMATION

Mr. Mrs. Ms. Miss. Dr.

Name of Applicant/Primary Member (PLEASE PRINT)

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

### Primary Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

## OCCUPATION/NATURE OF BUSINESS INFORMATION

COMPANY NAME: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## SPOUSE INFORMATION *(Applicable for a family membership)*

Mr. Mrs. Ms. Miss. Dr.

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

## REFERRAL INFORMATION

Please let us know how you were informed about membership at Spring Creek.

Member Referral - Name: \_\_\_\_\_

Television Advertisement / Radio Advertisement / Print Advertisement / Other - Please specify:

\_\_\_\_\_

## LEAGUE & ASSOCIATION INTEREST

Select any/all of the leagues and associations you would like to be contacted about:

- |  |  |
|--|--|
| <input type="checkbox"/> Seniors Association – Men only – 55 & older | <input type="checkbox"/> SCWGA – Spring Creek Women’s Golf Association |
| <input type="checkbox"/> Thursday Night Men’s League                 | <input type="checkbox"/> Saturday morning Men’s Group                  |
| <input type="checkbox"/> Tournament Committee                        |  |





# APPLICATION FOR MEMBERSHIP PRIVILEGES

## Payment Information

### 12 MONTH MEMBERSHIP APPLICATION

I understand this is a 1 year contract that will convert automatically to a monthly membership on the first anniversary of this Agreement. I will pay the Monthly Charge listed above during my first year, and thereafter the standard monthly charge until I give two weeks advance written notice of my intent to terminate my membership in accordance with Spring Creek Golf Club rules and regulations.

#### PAYMENT METHOD

<b>Please select preferred method:</b>	<i>Automatically charge the "on file/below" credit card monthly</i>	<i>Manual Payment (Check, Cash or Credit Card)</i>
--	---	--

Spring Creek Golf Club requires all Members to provide the credit card information below. If the preferred method of payment is to automatically charge, each payment will be withdrawn from your account on the 15<sup>th</sup> of every month. If the preferred method is to pay manually, and we receive your payment by the end of each month, we will not charge your credit card(s) below. If the preferred method of payment is by check or card monthly, and we do not receive payment within 45 days of the billing date, Card #1 will be charged.

<b>Card #1:</b>	<b>Expiration Date:</b>	<b>Type:</b>
-----------------	-------------------------	--------------

**Cardholder Signature:**

<b>Card #2:</b>	<b>Expiration Date:</b>	<b>Type:</b>
-----------------	-------------------------	--------------

**Cardholder Signature:**

If the preferred method of payment is by credit card, Spring Creek Golf Club will charge the provided credit card(s) on a monthly basis for the below Monthly Charge, plus any additional charges made by the primary member or other persons included in the membership. Card #2 below will be used only if Card #1 cannot be processed. If another payment option is desired at any time, please notify the General Manager.

In the event the credit card(s) are rejected, returned, or denied by the bank, the current statement amount plus any unamortized annual fee amounts will accelerate and will be payable by the 10<sup>th</sup> of the current month. At this time the Member will be suspended from membership until all fees in the contract amount are paid. If not paid, Spring Creek Golf Club will then have the option of turning the account over to a collection agency. The member will be responsible for all expenses, including attorney fees and costs incurred collecting this debt. By signing this application I confirm that I understand and agree to all terms and conditions of the Membership Application and that I will be notified of any increase in the dues rate after my first year of membership.

#### INVOICE DELIVERY

<b>Please select preferred method:</b>	<i>Please email my monthly statement</i>	<i>Please mail to on-file physical address</i>
--	--	--

**By signing this Application for Membership Privileges, the undersigned represents that the above information is true and correct and hereby authorizes Spring Creek Golf Club and its representatives to conduct such inquiry into the undersigned's qualifications for membership.**

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# CORPORATE MEMBERSHIP

If choosing our "Corporate" membership, please fill in the information below.  
*This membership requires a minimum of three golfers, and a maximum of six golfers.*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please indicate employee information and membership details of those activating a membership under the Company Masters membership:**

**Name of Corporate Applicant (PLEASE PRINT)**

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_

Primary Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

## CLASSIFICATION OF MEMBERSHIP

Please select your membership type:

- Property Owner       Resident       Non-Resident       Property Owner Associate  
 Course Associate       Property Owner Associate       Masters

Please indicate whether family privileges are being selected by marking the appropriate box below:

- Individual Level of Dues       Family Level of Dues

**Name of Corporate Applicant (PLEASE PRINT)**

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_

Primary Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

## CLASSIFICATION OF MEMBERSHIP

Please select your membership type:

- Property Owner       Resident       Non-Resident       Property Owner Associate  
 Course Associate       Property Owner Associate       Masters

Please indicate whether family privileges are being selected by marking the appropriate box below:

- Individual Level of Dues       Family Level of Dues



# CORPORATE MEMBERSHIP

**Name of Corporate Applicant (PLEASE PRINT)**

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_

Primary Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please select your membership type:

- Property Owner       Resident       Non-Resident       Property Owner Associate  
 Course Associate       Property Owner Associate       Masters

Please indicate whether family privileges are being selected by marking the appropriate box below:

- Individual Level of Dues       Family Level of Dues

**Name of Corporate Applicant (PLEASE PRINT)**

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_

Primary Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CLASSIFICATION OF MEMBERSHIP**

Please select your membership type:

- Property Owner       Resident       Non-Resident       Property Owner Associate  
 Course Associate       Property Owner Associate       Masters

Please indicate whether family privileges are being selected by marking the appropriate box below:

- Individual Level of Dues       Family Level of Dues

