

# CORPORATE

## SPRING MILL COUNTRY CLUB

Golf Membership Application

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

The undersigned hereby makes application for Golf Privileges with  
Spring Mill Country Club

### Personal Information

Full Name of Applicant: \_\_\_\_\_ Male ( ) Female ( )

Business Address: \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Fax Phone: ( ) \_\_\_\_\_ Car/Portable: ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Persons to Notify in an Emergency: Name & Phone # \_\_\_\_\_

Name & Phone # \_\_\_\_\_

Other Club Memberships - Name of Club: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Membership \_\_\_\_\_

### Financial & Credit Information

Corporate Name: \_\_\_\_\_

### Credit References (List 3)

Credit Card Company \_\_\_\_\_

Account # \_\_\_\_\_

Phone # \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

Account # \_\_\_\_\_

Phone#: \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

Account # \_\_\_\_\_

Phone #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Class of Membership Desired**

Corporate: \_\_\_\_\_ Dues: \$5,460.00 per member

It is understood applicant will pay a deposit of \$500.00 which will be applied toward membership dues. If applicant is not approved, the deposit is non-refundable.

If your monthly House Account becomes in arrears for thirty (30) days or more after billing, your credit card will be charged with the outstanding balance plus a 4% handling fee. I authorize *Spring Mill Country Club* to charge any of the credit cards listed herein, if my House Account becomes in arrears for thirty (30) days or more after billing. I also authorize *Spring Mill Country Club* to investigate my credit and the accuracy of all statements made herein.

Applicant has received, understands and agrees to be bound by the rules and regulations of *Spring Mill Country Club*.

I hereby agree and promise to notify Spring Mill Country Club if I cancel or terminate any of the credit cards listed and identified herein.

\_\_\_\_\_  
Signature of Applicant Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Corporate Officer Date \_\_\_\_\_

**For Official Use Only**

Approval Date \_\_\_\_\_

Reason \_\_\_\_\_

Non Approval Date \_\_\_\_\_

Member Number \_\_\_\_\_