



# MEMBERSHIP APPLICATION



LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

POSITION \_\_\_\_\_ NUMBER OF YEARS WITH CO. \_\_\_\_\_

WORK PHONE \_\_\_\_\_

**FAMILY INFORMATION:**

MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_

ANNIVERSARY \_\_\_\_\_

**CHILDREN'S NAME:**

_____	_____
_____	_____
_____	_____

**NAMES OF INDIVIDUALS WHO WILL BE USING THIS MEMBERSHIP (SPOUSE, CHILDREN, AND PARTNERS NAMED ON ACCOUNT AND WHO WILL HAVE ACCESS TO THIS MEMBERSHIP.**

_____
_____



# MEMBERSHIP CONTRACT



## PLEASE SELECT THE MEMBERSHIP FOR WHICH YOU ARE APPLYING:

SOCIAL \$70.00/MO	NONE
JUNIOR GOLF \$150.00/MO	AGE 19-35
NON RESIDENT GOLF \$150.00	OUTSIDE 50 MILE RADIUS
FULL GOLF \$220.00/MO	AGE 36-64
SENIOR #1 FULL GOLF	AGE 65 AND ABOVE
SENIOR #2 T-F PLAY	AGE 65 AND ABOVE
CORPORATE GOLF \$550.00/MO	MUST HAVE MINIMUM 3 PARTNERS AND ALL CHARGES MUST BE BILLED ON ONE ACCOUNT

I AGREE TO ABIDE BY ALL THE RULES AND BYLAWS OF PCCSAWGRASS AND WILL BE REQUIRED TO SPEND A MINIMUM OF \_\_\_\_\_ PER MONTH IN FOOD AND BEVERAGE BY SIGNING THIS APPLICATION I AUTHORIZE PALMETTO COUNTRY CLUB (PCC SAWGRASS) TO CONDUCT A BACKGROUND AND CREDIT CHECK IF REQUIRED BY ANY ONE MEMBER OF THE BOARD OF DIRECTORS

BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT THE NORMAL INITIATION FEE ASSOCIATED WITH THIS MEMBERSHIP IS **\$2,500.00.** IN CONSIDERATION OF MY AGREEMENT TO BECOME A MEMBER OF PCC SAWGRASS OF BENOTN, LA AND TO REMAIN IN GOOD STANDING FOR A PERIOD OF **12 MONTHS** FROM DATE OF SAID CONTRACT THE INITIATION FEE OF **\$2,500.00** SHALL BE DEFERRED. THIS DEFERRED INITIATION FEE SHALL BE COLLECTED ONLY IN THE EVENT THAT I WITHDRAW, CANCEL, OR FAIL TO MAINTAIN PAYMENT OF MY DUES FOR THE **12 MONTH PERIOD**, IN WHICH CASE SAID DEFERRED AMOUNT SHALL BECOME DUE AND PAYABLE, IN FULL, IMMEDIATELY UPON DEMAND OF SAME.

DATE: \_\_\_\_\_

\_\_\_\_\_  
I HAVE READ AND UNDERSTAND THE  
ABOVE: SIGNATURE OF APPLICANT

SSN \_\_\_\_\_

PRINTED NAME \_\_\_\_\_