



CLARKSVILLE COUNTRY CLUB



Application for Membership

A Place to Play, Relax & Enjoy Since 1913

Application for Membership

Member Information

Name of Member Mr. ___ Mrs. ___ Ms. ___ Dr. ___ _____

Name of Business _____ Occupation _____

Home Address _____ Business Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

Date of Birth _____ E-mail: _____

Spouse Information

Wedding Anniversary Date _____

Name of Spouse Mr. ___ Mrs. ___ Ms. ___ Dr. ___ _____

Name of Business _____ Occupation _____

Home Address _____ Business Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

Date of Birth _____ E-mail _____

Dependent Information: Unmarried, under age 21, living at home full time

Dependent's Name	Gender	Date of Birth	Dependent's Name	Gender	Date of Birth
1. _____	_____	_____	2. _____	_____	_____
3. _____	_____	_____	4. _____	_____	_____

Please verify your Membership classification and optional services enrollment

<p>CLASSIFICATION (circle one)</p> <ul style="list-style-type: none"> <input type="radio"/> Full Membership* <input type="radio"/> Individual Membership <input type="radio"/> Non-Resident Membership <input type="radio"/> Social Membership <input type="radio"/> Extended Family <p>* Dues vary depending on age(s) of applicant(s) Please see Category sheet.</p>	<p>CART PROGRAM (circle one)</p> <ul style="list-style-type: none"> <input type="radio"/> Annual Unlimited Individual <input type="radio"/> Annual Unlimited Family <input type="radio"/> Pay as you Play <p>CART STORAGE</p> <ul style="list-style-type: none"> <input type="radio"/> # of Carts _____ 	<p>OPTIONAL SERVICES</p> <p>Please circle choice:</p> <ul style="list-style-type: none"> <input type="radio"/> GHIN Handicap for Primary <input type="radio"/> GHIN Handicap for Spouse <input type="radio"/> Bag Storage (# of Bags _____) <input type="radio"/> Locker Rental for Primary <input type="radio"/> Locker Rental for Spouse
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Please indicate the Member's and Spouse's interests by checking all that apply

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Initiation Fee *Please check one of the following*

- N/A for Social, Non-Resident and Student 12-month commitment
- I have attached a check for the payment of the \$2,000 Initiation Fee for 12-month commitment
- I have attached a check for the payment of the \$1000 Initiation Fee for 24-month commitment

Payment

The billing period ends on the last day of each month. You will receive an emailed statement within the first week of each month. The statement will reflect the upcoming month's dues and past month's charges. For questions about your statement, please contact the administrative office at (931) 647-5674, choose billing and membership option 2.

Please send my monthly statements to this email: _____

I agree to pay my balance automatically by ACH debit. I understand I will receive an emailed statement to the email address I provide, and the balance will be automatically drafted from my banking account on or around the 10th of the following month. (Please complete ACH Debit form and return to administrative office)

By signing this application for membership, I hereby authorize Clarksville Country Club, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations. The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of Clarksville Country Club in the present form or as may be amended. In the event my account becomes delinquent, applicant agrees to pay all costs of collection of any delinquent balance, including, but not limited to, attorney's fees, court costs, and/or contingent fees to collection agencies of not less than 35%. Such contingency fee to be added and collected by the collection agency immediately upon your default and referral to said collection agency. I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing Clarksville Country Club.

Signature of Applicant _____ **Date** _____

Signature of Spouse _____ **Date** _____

HOW DID YOU HEAR ABOUT CCC? _____

