

CENTER COUNTRY CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		Email:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Employer:			
Address:	City/State:	Length:	

SPOUSE/FAMILY INFORMATION

Spouse Name:	SSN:	DOB:	
Children Information:	Name:	Age:	Name:
			Age:
Name:	Age:	Name:	Age:

MEMBERSHIP OPTIONS

Stockholder: ____ (\$1,000 initiation, \$130/month)	Non-Stockholder: ____ (\$90/month)
Social Member (Non-golf): ____ (\$60/month)	Out of County: ____ (\$50/month)

SPONSORING MEMBERS

Name:	Signature:
Name:	Signature:

Date Membership Approved:

NOTE:

*All applicable fee (i.e. membership, first month dues, and applicable sales taxes) are due and payable at the time the application is made. By applying for membership to the Center Country Club, you and/or family members agree to all terms and conditions as set forth in the Center Country Club By-Laws. A copy of the By-Laws is posted online at www.centercountryclubtx.net or a copy can be obtained upon request. You hereby authorize Center Country Club or its agent to obtain a credit report if they deem necessary.

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date: