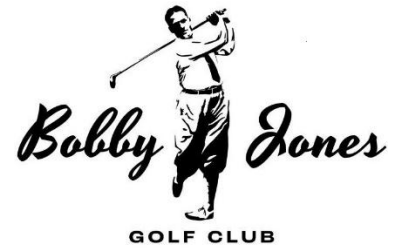


BOBBY JONES GOLF CLUB

WINTER PDP - JONES CARD



INCLUDES:

- 1 LARGE BUCKET PER DAY
 - WALK ROSS FOR FREE (\$30 CART FEE) AFTER 3^{PM}
 - WALK GILLESPIE FOR FREE (\$15 CART FEE) AFTER 12^{PM}
- _____ -PUBLIC (\$250 PER MONTH)
_____ -CITY RESIDENT (\$220 PER MONTH)

REQUIRED INFORMATION NEEDED:

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____ CONTACT #: (____)____-_____

E-MAIL: _____

BILLING INFO: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

AGREEMENT INFORMATION

IN CONSIDERATION FOR THE PRIVILEGES AS OUTLINED IN THE PDP JONES & ROSS CARD PROGRAM, I HEREBY AUTHORIZE BOBBY JONES GOLF CLUB TO CHARGE MY CREDIT CARD FOR PREVAILING MONTHLY DUES AS SET FORTH ABOVE. I UNDERSTAND THAT MY ENROLLMENT WITH THE JONES CARD FOR A 6-MONTH COMMITMENT. DUES FOR THE FIRST MONTH WILL BE CHARGED TO MY CREDIT CARD UPON INITIAL REGISTRATION. PAYMENT WILL BE PROCESSED MONTHLY VIA ON-FILE CREDIT CARD. THE CREDIT CARD INFORMATION WILL BE STORED AT OUR CREDIT CARD PROCESSING COMPANY AND NOT AT BOBBY JONES GOLF CLUB TO MAINTAIN PCI COMPLIANCE. MONTHLY BILLING WILL TAKE PLACE ON THE FIFTH (5TH) OF EACH MONTH. ANY CHANGES IN CREDIT CARD INFORMATION MUST BE REPORTED TO BOBBY JONES GOLF CLUB MANAGEMENT IMMEDIATELY. IF A CREDIT CARD IS DECLINED FOR ANY REASON THE JONES CARD CARDHOLDER WILL BE SUBJECT TO IMMEDIATE SUSPENSION UNTIL THE MONTHLY PAYMENT PLUS A \$25 ADMINISTRATIVE FEE IS RECEIVED. THE ABOVE-MENTIONED FEES ARE SUBJECT TO LOCAL 7% SALES TAX.

BOBBY JONES GOLF CLUB RESERVES THE RIGHT TO TERMINATE WITHOUT REFUND PROGRAM BENEFITS IF THE CARDHOLDER IS DEEMED TO BE IN VIOLATION OF PROGRAM TERMS AND CONDITIONS.

PDP -ROSS CARD VALID NOVEMBER 1ST, 2025 THRU APRIL 30TH, 2026

SIGNATURE

DATE

**WITH YOUR INITIALS YOU ACKNOWLEDGE THAT THERE IS NO SHARING OF RANGE BALLS WITH ANYONE AT ANY TIME. NON-COMPLIANCE WITH THIS COULD LEAD TO IMMEDIATE TERMINATION OF THE AGREEMENT WITH NO REFUNDS. _____

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD TYPE: _____

CREDIT CARD NUMBER: _____

EXP. DATE: _____ CCV: _____ BILLING ZIP CODE: _____