

APPLICATION FOR MEMBERSHIP PRIVILEGES

The undersigned hereby applies for a membership at Spring Creek Golf Club. If approved, the undersigned requests that his/her name be placed on the Membership Roster as follows:

Membership Informat	tion:			
Name of Applicant/Prima	ry Member: (Please Print) Mr.	Mrs. M	s. Miss.	Dr.
Last Name:	First Name:			Middle Initial:
Primary Address:				
Street:				
City:		State:		Zip Code:
Telephone: ()	Email:			
Date of Birth:	·			
OCCUPATION:				
COMPANY NAME:			TELEPHONE: (_))
CITY:		_ STATE:		ZIP:
RETIRED:				
REFERRAL INFORMAT	ION:			
Please let us know how you	were informed about membership	at Spring Creek		
Member Referral- Name:				
Social Media:	_ Print Advertisement:	0	ther:	
Spouse Information: Mr.	Mrs. Ms. Miss. Dr.			
Last Name:	First Name:		Middle	Initial:
Telephone: ()	Email:			
Date of Birth:				
Interest: Member	Lessons/Golf Group:	_ Social/Events	N	o Interest

For Family Memberships: Immediate Family Members: (children, 24 and under qualify for family membership) Last Name: Date of Birth:_____ Interest: Member_____ Junior Programs_____ Social/Events____ No Interest_____ Last Name: Date of Birth:_____ Interest: Member_____ Junior Programs_____ Social/Events_____ No Interest_____ Last Name: _____ First Name: _____ Date of Birth: _____ Interest: Member_____ Junior Programs_____ Social/Events____ No Interest_____ **League & Association Interest:** Select any/all of the leagues and associations you would like to be contacted about: O Seniors of Spring Creek Association, Men only, 55+ O Thursday Night Men's League O Wednesday Night Ladies League

CLASSIFICATION OF MEMBERSHIP:

O Spring Creek Ladies Association

O Saturday Morning Men's Group

Full	Individual	Family
Spring Creek Resident	Individual	Family
Regional	Individual	Family
Club Associate	Individual	Family
Flex	Individual	
Young Professional	Individual	Family
National	Individual	Family
Student	Monthly	Annual
Corporate		

Initiation Fee:

To activate a membership at Spring Creek, an initiation fee is required.

O One- time initial payment- \$5,000.00

O \$5220 in 3 Payments of \$1740 each

Automatic Bill Payment Option:

EZ Pay: Charges to card on file automatically on the 15th of every month

O Please sign me up for EZ bill pay with credit card I will provide

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Payment Information

I understand this is a 1 year contract that will convert automatically to a monthly membership on the first anniversary of this agreement. I will pay the monthly charge for the membership type listed above during my first year, and thereafter the standard monthly charge until I give a 30 day advance written notice of my intent to terminate my membership in accordance with Spring Creek Golf Club rules and regulations.

Spring Creek Golf Club requires all members to provide current credit card information on file. Billing will occur on the last day of each month and will include all charges made that month and membership dues and fees for the following month. Bills will be emailed monthly. Payment can be made by check, cash, or credit card up until the 15th of the next month, as where the card on file will be automatically charged.

In the event the credit card is rejected, returned, or denied by the bank, the member will have 30 days to pay the current statement. After 30 days of the statement not being paid, the membership will be suspended until all fees from contract are paid and a current credit card is placed on file. If not paid in 90 days, Spring Creek Golf Club will then have the option of turning the account over to a collection agency. The member will be responsible for all expenses, including attorney fees and costs incurred collecting the debt.

By signing this application, I confirm that I understand and agree to all terms and conditions of the Membership Application and that the above information provided is true and correct and hereby authorizes Spring Creek Golf Club and its representatives to conduct such inquiry into the undersigned's qualifications for membership.

Member's Signature	 Date:	