



# Membership Application

Please Print

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Billing Address: \_\_\_\_\_  
Street City State Zip

*if different than above*

Primary Email (REQUIRED): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth

Spouse's Email: \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Cell Phone: \_\_\_\_\_

Dependent Children:	Charging Privileges	Date of Birth	Sex	Age
_____	YES/NO	____/____/____	M/F	_____
_____	YES/NO	____/____/____	M/F	_____
_____	YES/NO	____/____/____	M/F	_____
_____	YES/NO	____/____/____	M/F	_____

### Application is for:

- Community Family Golf Membership \$190.00/month Initiation Amount: \_\_\_\_\_
- Non-Community Family Golf Membership \$140.00/month Payment Terms: \_\_\_\_\_
- Junior Executive Golf Membership \$140.00/month Referred by: \_\_\_\_\_
- Family Athletic Membership \$115.00/month **Member number:** \_\_\_\_\_
- Individual Athletic Membership \$80.00/month
- Family Social Membership \$65.00/month
- Cart Plan: \_\_\_\_\_ (name) \$60.00/month
- Range Plan: \$150.00/yr
- Family Range Plan: \$250.00/ yr

*The undersigned hereby affirms that each of the previous answers are true and correct, and that, if accepted, acknowledge to follow the Rules and will conduct themselves and those entitled to use of the facilities according to the standards of the Club. I understand that any changes in membership must be turned into the Club Office in writing and approved by the Board of Directors.*

**A 30 DAY WRITTEN NOTICE MUST BE GIVEN FOR ALL RESIGNATIONS.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# MEMBERSHIP APPLICATION

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## Initiation Fee Exemption Form

Standard New Member Initiation Fee: **\$750.00**

**Registration Fee: \$50.00**

### *Qualification for Exemption*

- Each new applicant must agree to a **minimum one year** contracted term of member ship.
- Each new member must agree to keep a current credit card on file and signup for EZ Pay
- Initiation fee exemption may only be used once. - **Any cancelled membership is subject to a new initiation upon reinstatement**
- Failure to comply with conditions warrants **payment of full Initiation fee.**

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

DATE APPROVED \_\_\_\_\_

*The undersigned hereby affirms that each of the previous answers are true and correct, and that, if accepted, acknowledge to follow the Rules and By-Laws of the Club, and will conduct themselves and those entitled to use of the facilities according to the standards of the Club. I understand that any changes in membership must be turned into the Club Office in writing and approved by the Board of Directors. A 30 DAY WRITTEN NOTICE MUST BE GIVEN FOR ALL RESIGNATIONS.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## E-Z Automatic Credit Card Payment Authorization Form

Name on Credit Card \_\_\_\_\_

Card Type:

Master Card

Visa

AMEX

Discover

\_\_\_\_\_   
Card Number

Expiration Date\_\_\_\_/\_\_\_\_

Security on Back of Card\_\_\_\_\_

I \_\_\_\_\_ authorize Cypress Lakes Country Club to debit my credit card/checking account every month for all charges incurred on my membership account. I understand that if at any time I wish to cancel this service, my account must be current and I must give written notice to the Club.

Signature of  
Cardholder \_\_\_\_\_

Date \_\_\_\_\_