



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 \$180.00/month Initiation Amount: _____
- Non-Community Family Golf Membership \$130.00/month Payment Terms: _____
- Junior Executive Golf Membership \$130.00/month Referred by: _____
- Family Athletic Membership \$105.00/month **Member number:** _____
- Individual Athletic Membership \$75.00/month
- Family Social Membership \$55.00/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 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

PLEASE PRINT

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, that there is a Food & Beverage Minimum, 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 _____