

# APPLICATION FOR MEMBERSHIP



1701 U.S. HWY. 84 WEST

CAIRO, GA 39827

229-377-4506

Dated: \_\_\_\_\_

To: The Board of Directors Tired Creek Golf Course

I submit herein the following information regarding my application for:

\_\_\_\_\_ *Family Membership \$75/mo*

\_\_\_\_\_ *Single Membership \$60/mo*

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

If this application is accepted, it is agreed that I will be entitled to all of the benefits and privileges of this membership category. If this is a family membership, these privileges shall also be extended to my immediate family living with me, i.e., my wife and children living within the household attending school through college.

It is further understood and agreed that I may resign from the Tired Creek Golf Course by giving a written notice to the Board of Directors prior to the 20th of the previous month of termination and by paying any dues or other charges for which I may be liable, and that upon such resignation, I shall not thereafter be subject to further dues and charges.

It is further distinctly understood and agreed that such membership does not confer upon me any ownership or any interest in the Course property or the Course's assets or right in the Course management.

I understand that absolutely no refunds are given on the initiation fee or on dues which are paid in advance.

I understand that Tired Creek Golf Course will bill me thirty days in advance. All charges must be paid within fifteen days of the receipt of the bill. If I do not pay my bill within sixty days, I relinquish all charging privileges until such time as the bill is paid in full. If I do not pay my bill within ninety days of the receipt of the bill, I relinquish my membership privileges until such time as my bill is paid in full. I understand that should my account become ninety-one days arrears that my account will be turned over for collection and I will be responsible for all fees associated with collection of monies owed to the course.

I authorize all members of my family to charge on my account unless otherwise stated in writing.

I understand that if elected to membership at the Tired Creek Golf Course, that dues, fees, and individual charges made by me or authorized members of my family at the course may be paid via electronic fund transfer, or by credit card (Visa, Master Card, or American Express).

I affirm that the foregoing answers are true and complete. I authorize Tired Creek Golf Course to obtain such information as may be required concerning the statements made in this application. I understand that I will be sent a full disclosure of the terms governing the use of this account and my right to dispute billing errors upon final approval of this account.

I authorize Tired Creek Golf Course to obtain a credit report, if desired, prior to my election to membership in the course.

Referred by: \_\_\_\_\_

Accepted this, \_\_\_\_\_ Day of the month of \_\_\_\_\_ In the year of \_\_\_\_\_,

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

BOD use only: Approved \_\_\_ Disapproved \_\_\_ Initiation fee paid \_\_\_ Dated \_\_\_\_\_

Signed by Secretary: \_\_\_\_\_