

MEMBERSHIP APPLICATION



1701 U.S. HWY. 84 WEST CAIRO, GA 39827

Dated: _____

To: The Board of Directors Tired Creek Golf Course

I submit herein the following information regarding my application for:

Patron

- \$100 Annual Contribution
- \$250 Annual Contribution
- \$500 Annual Contribution

Hole Sponsorships

- \$600 per year – (includes hole sponsorship advertising and range membership)

Corporate & Individual Sponsorships

- \$1,000 annually – includes 1 individual membership
- \$2,000 annually – includes 2 individual memberships
- \$3,000 annually – includes 3 individual memberships
- \$5,000 annually – includes 5 individual memberships
- \$10,000 annually – includes 10 individual memberships

Golf Memberships

- Juniors \$25 per month (High School Student, 18-under)
- Range \$20 per month (unlimited range balls for members only)
- Individuals \$75 per month
- Family \$90 per month (Immediate family thru Full-time College Student)
- Trail Fee \$165 per month (unlimited golf with personal golf cart)
- Cart Storage \$30 per month

Applicant's Name _____ Date of Birth _____

Billing Address _____ City _____ State _____ Zipcode _____

Phone Number _____

E-mail Address _____

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 1st of the 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. If membership is terminated and in the event one would like to rejoin, an initiation fee of \$300 will be required.

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.

Referred by: _____

Accepted this, _____ Day of the month of _____ In the year of _____,

Applicant's Signature _____ Date _____

Statement Preference: _____ Email _____ Paper

Desired Payment Mode:

- | | |
|--|--|
| <input type="checkbox"/> Annual Invoice | <input type="checkbox"/> Annual Credit Card |
| <input type="checkbox"/> Monthly Invoice | <input type="checkbox"/> Monthly Credit Card |



Credit Card Payment Authorization Form

How Payments work:

You authorize regularly scheduled charges to your Visa, MasterCard, Discover, or American Express card. You will be charged for the total amount due for that period. A receipt can be emailed to you and the charge will appear on your credit card statement or on your statement.

Payable to: Tired Creek Management LLC

Account Type (check one)	Billing Address:
<input type="checkbox"/> Visa	
<input type="checkbox"/> MasterCard	City, State, Zip Code:
<input type="checkbox"/> Discover	
<input type="checkbox"/> American Express	Phone Number:
Cardholder Name	
	Email:
Card #	
Expiration Date (MM/YY)	

AUTHORIZED SIGNATURE: _____

DATE : _____

I authorize Tired Creek Management LLC to charge the card indicated on this authorization form. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancelled in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this card and that I will not dispute the scheduled payments with my card company or the card issuer provided the transactions correspond to the terms indicated in this authorization form.

ALL INFORMATION IS MAINTAINED IN A SECURED AND LOCKED ENVIRONMENT

Any questions concerning the member’s monthly statement should be addressed before the 14th of the month to resolve any issues before the charges are applied to the member’s credit card.