



# MEMBERSHIP APPLICATION

## Applicant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Please include name of a current BCC Member as a reference.

### Membership Level

- \_\_\_ Full Executive Membership (\$185)
- \_\_\_ Junior Executive Membership (\$100)
- \_\_\_ Social Membership (\$135)
- \_\_\_ Out-Of-County Membership (\$85)
- \_\_\_ Corporate Membership\*

### Spouse Information

(if applicable)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Children (if applicable)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Signing Privilege: Yes or No

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Signing Privilege: Yes or No

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Signing Privilege: Yes or No



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## Payment Information

How would you like to receive your monthly statement?  mail or  email

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

I \_\_\_\_\_, authorize Bainbridge Country Club to charge my credit card or debit my bank account above for the total sum of my monthly balance. I understand this balance to include dues, usage assessment, and any additional charges incurred during the month. I also understand The Bainbridge Country Club reserves the right to deduct the total sum of any past due balance. I understand that my information will be saved to file for future transactions on my account.

Charge/Draft Authorization Signature: \_\_\_\_\_

## Application Agreement

The undersigned does hereby acknowledge, accept, and understand that if my Membership Application is granted, I agree to observe and be bound by the By Laws and Rules and Regulations of Bainbridge Country Club in the present form or as may be amended. I acknowledge, accept, and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing Bainbridge Country Club.

Applicant Signature: \_\_\_\_\_

### \*Corporate Membership Payment Options:

- Business will pay only dues of \$135 per month
- Business will pay dues and usage assessment of \$175 per person
- Business will pay total balance of each person associated with this membership.
- Each person associated with this membership will be responsible for usage assessment any balance remaining after dues and assessment.

Name of each person associated with Corporate Membership. Each person will be required to complete application.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_