

Country Club

Application for Membership

SPOUSE INFORMATION $\Box Mr. \Box Mrs. \Box Ms \Box Miss \Box Dr.$	Home Phone () E-mail*Valid driver's license to submitted at time of aType of BusinessLength of EmploymenttteZip	be application (Years)
Date of Birth / / / Home Address State Zip Marital Status □ Single □ Married □ Other Anniversary Date Driver's License Number State Sta	Home Phone () E-mail*Valid driver's license to submitted at time of aType of BusinessLength of EmploymenttteZip E-mailE-mail	be application (Years)
Home Address City	Home Phone () E-mail*Valid driver's license to State submitted at time of a Type of Business Length of Employment te Zip E-mail	be application (Years)
City	Home Phone () E-mail*Valid driver's license to State submitted at time of a Type of Business Length of Employment te Zip E-mail	be application (Years)
Marital Status	E-mail*Valid driver's license to State submitted at time of aType of Business Length of Employmentte Zip	be application (Years)
Anniversary Date Driver's License Number Company Name Position Business Address City Sta Preferred Phone (MAILING INFORMATION: Statements	*Valid driver's license to State submitted at time of aType of BusinessLength of Employment teZip E-mail	be application (Years)
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Company Name	Type of Business Length of Employment teZip E-mail	(Years)
Position	Length of Employment_ teZip E-mail	(Years)
Business Address	teZip E-mail	
Business Address	teZip E-mail	
City	teZip E-mail	
MAILING INFORMATION: Statements ☐ Home ☐ Business ☐ Home ☐ Business ☐ Home ☐ Business ☐ Business ☐ Business ☐ Business ☐ Business ☐ Home ☐ Business ☐ Business ☐ Business ☐ Business ☐ Home ☐ Business ☐ Business ☐ Home ☐ Home ☐ Business ☐ Home ☐ Home ☐ Business ☐ Home ☐ Ho		
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SPOUSE INFORMATION □Mr. □Mrs. □Ms □Miss □Dr. Spouse's Name (Please Print) Preferred Phone number	siness Newsletter & Other \square Home	☐ Business
□Mr. □Mrs. □Ms □Miss □Dr. Spouse's Name (Please Print) Preferred Phone number Spouse's Driver's License		
Spouse's Name (Please Print)(Co-applicant) Preferred Phone number Spouse's Driver's License		
Preferred Phone number Spouse's Driver's License		
Preferred Phone number Spouse's Driver's License	Date of Birth/	/
Spouse's Driver's License		
_		
bpouse a company runne		
Position		
Business Address		
City	StateZip	
Business Phone ()	_	
I would like my name, address, home and business tel- directory. (If this statement is not answered, information	ephone numbers to appear in the me will not be placed in directory),	mbership □Yes □No
DEPENDENT INFORMATION (unmarried children under 21 if attending college full-time) who live at home) Name	(age 23 Date of Birth Sex	Charge Privileges

□Yes □ No

□Yes □ No

MEMBERSHIP INFORMAT	ION		
I am applying for Membership Fees:	p in the following category (refer to	enclosed Schedule of Me	mbership Classifications and
☐ Full Privilege Golf	☐ Classic Golf Membership	☐ Associate C	Golf Membership
☐ Social Membership			
INITIATION FEES AND DU	JES		
Initiation Fee: \$	(non-refundable)		
Monthly Dues: \$			
(Dues are subject to change at the	e sole discretion of the Club.)		
REFERENCES & OTHER C	LUB AFFILIATIONS		
PERSONAL REFERENCES			
My Member sponsor is:			
Other personal references (ca	nn be non-Members, Employer, Busin	ness Acquaintance, Neighbo	or, Etc.): Business Phone
1 <u>.</u>			
2.			
OTHER CLUB AFFILITAT	IONS		
Club Name	Cit	ty	Length of Membership
1,			years
2,			years
			·
CORPORATE MEMBERSH	IPS (IF APPLICABLE)		
to use the Membership ("Undersign to time subject to the approval of C	y the corporation or firm. A designee is named"). There shall be only one designee for club Management and/or the Admissions this card will be issued in the name of the	each Membership, but the desig Committee and payment of the	gnee may be changed from time
As a duly authorized officer of the individual designee for all dues ar	company named, the undersigned officer ad charges incurred by its designee.	certifies and agrees said comp	pany is co-responsible with the
(Full Name of Company)			
(Officer's Signature)			
(Title)		_	
If application is for a corporate cl	nange of designee, please fill in the follow	wing:	
Pravious designee	Mambarch	vin No	

RESIGNATION

It is agreed that a Member may resign from the Club by giving written notice to the Club Management on or before the end of the month. All accrued dues and other charges for which Member is liable are due upon the effective date of resignation, that date being the last day of the month following the month in which written notice is received. Membership Dues are not prorated. Membership does not confer any ownership of the Club property or assets. It is further agreed that a Member may not offset dues and charges against the initiation fee.

PAYMENT OF ACCOUNT

Payment of account is due on receipt of the monthly statement which will be sent electronically to the Member's email. Undersigned agrees to pay the account in full via automatic bank draft. Should the bank draft be rejected Membership privileges will be suspended until cured. If not cured in 30 days, Membership will be terminated. Undersigned agrees Club will assess a late charge for past due accounts as provided in the By-laws of the Club as amended from time to time. In addition to late fees, penalties may include, but are not limited to, suspension of Club privileges and/or expulsion from membership. A membership terminated for nonpayment may be reinstated, if at all, at the sole discretion of the Club and upon such terms as the Club may determine. Undersigned agrees to pay all reasonable attorney fees, investigator fees and costs in the event this account is turned over for collection

HAVE YOU EVER BEEN CONVICTED OF A SEXUAL OFFENSE OR REQUIRED TO REGISTER AS A SEX OFFENDER? By submitting this application, I certify that I have never been convicted of a sexual offense or Required to register as a sex offender. I also certify that none of the authorized users under my membership (as defined by the Club's Membership Bylaws or Rules and Regulations) have been convicted of a sexual offense or required to register as a sex offender

MEMBERSHIP POLICIES

If accepted into membership at the Club, this Candidate Application, any addendum, the Membership Bylaws and the Rules and Regulations, as each may be amended from time to time (collectively, the "Membership Documents"), will be my entire contract with the Club. The terms and conditions of my contract may not be added to, amended or contradicted in any way by evidence of prior, contemporaneous or subsequent oral agreements of any kind, and I am not relying on any representations or promises made, at any time, other than as expressly set forth herein. If accepted into membership, I agree to conform to and be bound by the Membership Documents, which set forth the Club's policies, including, but not limited to, provisions addressing the resolution of disputes (including arbitration and a class action waiver), resignation, disciplinary action and a release of liability for personal injury and theft.

I hereby acknowledge receipt of a copy of the Membership Bylaws and the Rules and Regulations, which are available from the Club and, if accepted into membership, on the members-only section of the Club's website. It is my duty to obtain and read the Membership Bylaws and Rules and Regulations and to notify the Club within 3 business days of enrollment if I wish to rescind this contract.

Acknowledgement of Bylaws and Rules & Regulations: P: _____ S:____

I ASSUME ALL RISKS associated with accessing the Club facilities and the facilities of any participating network clubs, including, but not limited to, dining and event rooms, recreational amenities and outdoor areas, grounds, parking areas, equipment, golf balls or clubs, and golf carts. I ALSO HEREBY FULLY RELEASE AND DISCHARGE THE CLUB, ITS PARENT, AFFILIATED AND SUCCESSOR COMPANIES, AND ALL OF THEIR RESPECTIVE EMPLOYEES, AGENTS, SHAREHOLDERS, MEMBERS, MANAGERS, AFFILIATES AND ASSIGNS (THE "RELEASED PARTIES") FROM ANY AND ALL LIABILITIES, INJURIES, LOSSES, DAMAGES OR CLAIMS ARISING FROM MY OR MY FAMILY'S USE OF THE CLUB FACILITIES, INCLUDING ANY SUCH CLAIMS CAUSED BY THE RELEASED PARTY'S OWN NEGLIGENCE. The Club may redeem my membership, which is a revocable license to access certain facilities, at any time for any reason or for no reason by repaying me the Initiation Fee (without interest or premium of any kind), if any, that I originally paid to the Club. Upon such redemption, all my rights to use the Club will immediately cease, and I shall automatically RELEASE AND DISCHARGE THE RELEASED PARTIES FROM ANY AND ALL LIABILITIES, INJURIES, LOSSES, DAMAGES OR CLAIMS ASSOCIATED WITH MY MEMBERSHIP AND THE REDEMPTION THEREOF.

By providing my contact information above, I agree to the Club's Privacy Policy, a copy of which is available on the Club's website and give the Club permission to contact me in accordance with such Privacy Policy. I can modify my communication preferences by contacting the Club in writing per the terms of the Privacy Policy.

Events I attend at the Club may be photographed or recorded for marketing or promotional purposes, and I give the Club a nonexclusive license to use my photograph and likeness in any/all media to promote the Club without any compensation to me.

If this membership includes a spouse, I certify that we hold a marriage license or its equivalent and that we are each jointly and severally liable for all charges incurred under this membership. I further certify that I have the authority to and do hereby sign and agree to these Membership Policies on behalf of any dependent users on this membership.

By submitting this Candidate Application, I represent and affirm that the information provided herein is true and correct. If signing electronically, I agree that my electronic signature has the full force and effect of a signature affixed by hand to a paper document.

Signature of Primary Candidate:		Date	Signature of Spouse:	Date
Accepted for Membership:				
On this	day of	20_		
By:				
(Signature of Club Officer)				



Country Club 4300 South Shore Boulevard, League City, Texas 77573 (281) 334-0521

AUTOMATIC BANK DRAFT FORM

We require automatic bank draft whereby your payments will be electronically transferred directly to us each month.

Your Security:

We know that you are concerned about your security; so are we. SSHCC uses highly reliable Secure Socket Layer (SSL) technology to encrypt and secure your confidential information.

Return completed form below along with a voided check for the account you wish SSHCC to draft, please verify your ABA routing number and account number with your banking institution. (No deposit slips, please) The Automatic Bank Draft is scheduled for the 10th of every month, for your statement dated the last day of the previous month.

Bank Name:				
ABA/ routing number:				
Account Number:				
This is a:	☐ Savings account		Checking account	(please check one)
	AUTOMA	TIC E	BANK DRAFT	
	•		• •	CC all authority to debit my bank mbership accounts identified below.
	ot all Credit Unions or Sav e if his service is available,		nd Loans provide for o	drafting of checking accounts,
Account Holder:		_		
(Joint Account Holder if ap	pplicable)			

RETURN THIS FORM TO:

SSHCC Membership # _____Phone Number: ____



Membership Additions

Monthly:				
☐ Unlimited Cart Plan	\$125.00/\$	100.00*		
☐ Private Cart Trail Fee (requires Private Cart Agreement)	\$100.00/\$	75.00*		
□ Men's Locker	\$ 10.00			
□ Women's Locker	\$10.00			
Annually:				
☐ Ladies Golf Association (billed and collected by LGA)	\$60.00 (no ta	ax)		
☐ Men's Golf Association	\$60.00 (no tax)			
☐ Handicap (per player)	\$30.00			
Per Occurrence:				
☐ Hole in One Club	\$5.00 (no tax	x)		
I/We the undersigned would like to enre	oll in the above	noted Club Services or Associations.		
Signature of Primary Candidate:	Date	Signature of Spouse:	Date	