



APPLICATION DATE: _____ ACCOUNT # _____

MEMBERSHIP APPLICATION
770-894-4972 (Pro Shop) 770-894-4974 (Fax)

Name: _____ DOB _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Marital Status: _____ Single _____ Married

Employer: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Company Fax: _____

FAMILY PLAN/COUPLES PLAN

Spouse's Name: _____ DOB _____

E-Mail Address: _____ Cell Phone: _____

Employer: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Company Fax: _____

DEPENDENT INFORMATION

Name (s)	Date of Birth	Charge Privileges	
		Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

CORPORATE PLAN

Name of Company: _____ Corporate Account # _____

Please list all corporate members (All members must fill in a full membership application):

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____

FINANCIAL AFFILIATIONS (Not required at this time)

Name: _____ Financial Institution: _____ Phone #: _____
Address: _____
Account #: _____ Type Account: _____
Name: _____ Financial Institution: _____ Phone #: _____
Address: _____
Account #: _____ Type Account: _____

REFERENCES (Please fill in for all plans)

Name	Phone #
_____	_____
_____	_____
_____	_____

Crystal Falls Member: _____

CLUB AFFILIATIONS (Please fill in for all plans)

I am currently a member of the following clubs:

CLUB NAME	CITY/STATE	CLUB PHONE #	YEARS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERSHIP PLAN INFORMATION (please fill in for all plans)

I am applying for membership in the following category (Refer to the Daily Rates form for descriptions and fees):

Individual Family Corporate (2 – 5 People) Social

I would prefer to be billed: Monthly Quarterly Annually

PAYMENT OF MEMBERSHIP ACCOUNT

Payment on your account is due within 10 days after the date of the monthly statement. Applicant agrees to pay the account in full when due. Applicant agrees that the Club may assess a late charge for delinquent accounts and/or suspend membership privileges due to failure to remit amount due. Payments on delinquent accounts apply first to reduce late charges and accrued dues, then to food and beverage charges, then to any other charges. Dues and other Club charges are considered luxuries under applicable laws. Applicant agrees to pay all attorney fees, court costs, filing fees, and collection costs in the event this account is turned over for collection. The membership card shall remain the property of the Club at all times and must be returned to the club on demand.

GENERAL RULES

By my signature below, I hereby apply for membership in the Crystal Falls Golf Club and authorize the Club to check my credit and employment history and to obtain such information as the Club deems necessary to extend credit to me under the membership account at the Club. I acknowledge receiving and reviewing the **Membership Club Rules, Regulations and Policies** and the **Membership Golf Rates** of Crystal Falls Golf Club as in effect today. I agree to conform my conduct and be bound and abide by such **Membership Club Rules, Regulations and Policies**, as they may be amended from time to time. I understand a violation of such **Membership Club Rules, Regulations and Policies** may subject my membership to revocation.

Applicant's Signature: _____ **Date:** _____

