

Clifton Springs Country Club

"A private golfing experience at an affordable price" Membership Application

Full Name of Applicant			
Home Address (Number & Str	eet)		
City		State	_ Zip Code
Mobile phone #	Wor	k/Home phone #	
Employer		Position	
E-mail	Da	te of Birth	Marital Status
Membership Type: Single Family *If single, Food & Beverage M]	Membership Category embership Categories ber). In addition, singl	
If you are applying for a Famil	y Membership, please fill out the	following:	
Family Member's Name	Relationship to You	Email	Date of Birth
Payment Method for Dues:		-	S200/Year 2nd Bundle-\$150/Year
Push Cart Storage-\$80/Year	Locker-\$60/Year Club Storage-\$1	,	\$200/Year 2nd Bundle-\$150/Year
I understand that my application as a r and agree that as a member of CSCC, each year. I understand that this mem subject to change by ownership. I also Partners, LLC as they now appear or r Director of Membership or Business C monies that may be due, I understand		is subject to approval by Cli full fiscal year's dues begin pership rate only through the are subject to the rules and will renew on and be billed e coming year. In the event Il costs incurred including r	fton Club Partners, LLC. I also understand ning January 1st and ending October 31st e end of each fiscal year and may be regulations established by Clifton I on a yearly basis unless I notify the that it becomes necessary to collect any easonable attorneys' fees. I agree and
Applicant's Signature	GHIN #		Date
Member Sponsor:	*****	****	Date
Office Received:	Deposit	Received:	
Approval Date:	Membershi	p Number(s):	*****
*Payment Method: There is a 3%	finance fee on all Credit Card Member C	harges. There is NO finance	e fee if you select the ACH payment Method CVV Code
Checking Account Acco	unt Number:	Routing Numbe	er: