Clifton Springs Country Club

"A private golfing experience at an affordable price"

Membership Application

Full Name of Applicant _____

Home Address (Number & Street) _____

City _____ State _____ Zip Code _____

Mobile phone # _____ Work/Home phone # _____

Employer _____ Position _____

E-mail _____ Date of Birth _____ Marital Status

Membership Type: Single ☐ Family ☐

Membership Category: _____

Additional Membership Categorys: _____

*If single, Food & Beverage Minimum is $60/month (May-September), in addition single memberships will receive (3) guest passes to be used in the same year

If you are applying for a Family Membership, please fill out the following:

Family Member's Name	Relationship to You	Email	Date of Birth

Payment Method for Dues: ☐ ***Annual (January)*** ☐ ***10 Month Option for Golf Memberships (Jan-Oct)***

☐ Push Cart Storage - $65/Yea ☐ Locker - $55/Year ☐ Club Storage - $85/year ☐ Bundle All 3 - $175/Year 2nd Bundle - $150/Year

☐ Select this to auto pay on 25th of month (otherwise you are responsible for paying bill in full by check or credit card)

I understand that my application as a member of Clifton Springs Country Club is subject to approval by Clifton Club Partners, LLC. I also understand and agree that as a member of CSCC, I assume complete responsibility for the full fiscal year's dues beginning January 1st and ending October 31st each year. I understand that this membership agreement guarantees my membership rate only through the end of each fiscal year and may be subject to change by ownership. I also understand and agree that all members are subject to the rules and regulations established by Clifton Partners, LLC as they now appear or may appear in the future. My membership will continue on a yearly basis unless I notify the General Manager or Business Office in writing prior to January 31st of the coming year. In the event that it becomes necessary to collect any monies that may be due, I understand and agree that I will be responsible for all costs incurred including reasonable attorneys' fees. I agree and understand that all dues and charges that are past 45 days due may be automatically charged to a valid and active credit card or ACH

Applicant's Signature_____ Soc. Sec. # _____ Date_____

Member Sponsor: _____ Date _____

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Office Received: _____ Deposit Received: _____

Approval Date: _____ Membership Number(s): _____

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Payment Method:

☐ Credit Card Card Number:_____ Expiration Date _____ CVV Code _____

☐ Checking Account Account Number: _____Routing Number:_____