



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 Membership Category:
 Family Additional Membership Categories:

Food & Beverage Min. (May-Sept) is \$100/mo. for FAMILY, \$60/mo. for SINGLE, SOCIAL & 2nd Club Memberships.
 *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)

*prepay dues by December 31st and receive (3) guest passes to be used in same year

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

Select this to auto pay on 20th 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 20th 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 _____

Office Received: _____ Deposit Received: _____

Approval Date: _____ Membership Number(s): _____

Payment Method:

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

Checking Account Account Number: _____ Routing Number: _____