## Jr. Equity Application

Applicant's Full Name:			
Spouse's Full Name:			
Social Security Number:			_
Driver's License	[Applicant]	[Spouse]	
Driver's License	[Number]	[Exp. Date]	_
Date of Birth:	[Number]	[Exp. Date]	
	Applicant]	[Spouse]	
Eligible children (under ag Name Birthda	ge 22 living at hor te 00/00/0000	ne) Son/Daughter	
Billing Address:	Street	City State	Zipcode
Mobile Phone:			
Email:			
Applicant's Employer:		Title:	
Employers' Address:			
No. & Street Work Phone: ()		City State Years in Field:	Zipcode
Credit Card:		Exp. Date	
Personal References and/o Name Tele	or Other Club Aft	filiations: Years Known	-
Membership Category De JUNIOR/LEGA FULL EQUITY SENIOR EQUI SUPER SR. EQI	.CY GOLF GOLF TY GOLF	*Current Monthly Dues: \$340 Single \$400 Family \$515Single \$570 Family \$455Single \$515Family \$455Single or Family	

For such membership checked above, I hereby remit to AMCC, Inc. for an equity membership, my initiation fee of **\$5,000**.

I understand that my application for membership is for equity, my membership confers right of ownership in any property or asset of AMCC, Inc., and that I will be entitled to vote in the affairs of, or hold office in, AMCC, Inc.

I understand my membership is transferable in the manner set forth in the by-laws as may be amended from time to time, and that I will receive in payment therefore the sums as described in the by-laws. I further understand that my membership is assessable and that AMCC, Inc. is hereby granted a lien upon the membership for all sums due and owing to AMCC, Inc. In addition to lien rights, at anytime should my account become delinquent, as defined in the by-law, AMCC, Inc., at their discretion, has my permission to charge my credit card on file, any balance due.

I hereby authorize AMCC, Inc. to check any references given and receive from any source any information about me. I hereby apply for membership in AMCC, Inc. for an equity memberships. I agree to abide by the by-laws, and rules & regulations as they may be amended from time to time. If this application is rejected by AMCC, Inc., all funds, minus charges incurred, shall be immediately refunded, and this agreement shall be cancelled.

Additional Comments: _	
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Applicant's Signature

Date

Accepted this \_\_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_

Membership Committee Chairperson

Sponsor's Name & Acct. # \_\_\_\_\_