

Equity Application

Applicant's Full Name: _____ Acct. # _____

Spouse's Full Name: _____

Social Security Number: _____
[Applicant] [Spouse]

Driver's License _____
[Number] [Exp. Date] [State]

Driver's License _____
[Number] [Exp. Date] [State]

Date of Birth: _____
[Applicant] [Spouse]

Eligible children (under age 22 living at home)

Name	Birthdate 00/00/0000	Son/Daughter
_____	_____	_____
_____	_____	_____

Billing Address: _____
No. & Street City State Zipcode

Mobile Phones: _____

Email: _____

Email: _____

Applicant's Employer: _____ Title: _____

Employers' Address: _____
No. & Street City State Zipcode

Work Phone: _____ Years in Field: _____

Credit Card: _____
Exp. Date

Personal References and/or Other Club Affiliations:

Name	Telephone	Years Known
_____	_____	_____
_____	_____	_____

Membership Category Desired:	*Current Monthly Dues:
_____ FULL EQUITY GOLF	\$515 Single \$570 Family
_____ SENIOR EQUITY GOLF [age 70]	\$455 Single \$515 Family
_____ SUPER SR. EQUITY GOLF [age 76]	\$455 Single or Family
_____ JR. EQUITY GOLF [age 18-39]	\$340 Single \$400 Family

* May be changed by the Board of Directors without prior notice to applicants.

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

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 membership. 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: _____

Applicant's Signature

Date

Accepted this ____ day of _____, 20__

Membership Committee Chairperson

Sponsor's Name & Acct. # _____