

# Membership 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:

\_\_\_\_\_ FULL GOLF

\_\_\_\_\_ SENIOR GOLF [age 70]

\_\_\_\_\_ SUPER SENIOR GOLF [age 76]

\_\_\_\_\_ JR. GOLF [age 18-39]

\*Current Monthly Dues:

\$515 Single \$570 Family

\$455 Single \$515 Family

\$455 Single or Family

\$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. my initiation fee of \$\_\_\_\_\_.

I understand that my application for 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 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.. 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. # \_\_\_\_\_