

MEMBERSHIP APPLICATION

PAYMENT OF ACCOUNT

Payment of account is due on receipt of the monthly statement. Undersigned agrees to pay the account when due. Undersigned agrees Club may assess a late charge of 2% for past due accounts. Payments on delinquent accounts apply first to reduce late charges, then to accrued dues, then to food and beverage charges, then to any other charges. Dues and other Club charges are considered luxuries under all applicable laws. Undersigned agrees to pay all reasonable attorney fees, investigator fees and costs in the event this account is turned over for collection.

Though Union Country Club offers monthly billing for the convenience of its members, UCC dues and assessments are levied and payable on an annual basis. Partial year memberships can be granted on a case-by-case basis only with the approval of the UCC Board of Directors.

I authorize the Club to check my credit and employment history and to obtain such information as the Club deems necessary to extend credit to me under the Membership account at the Club.

I authorize the Club to charge my credit card if my account becomes 61 days delinquent. When the card below becomes expired, I agree to provide the newest card to be used for full payment. I understand I will also be charged the processing fees dictated by the credit card company. The credit card I authorize is:

Visa MasterCard

Card Number: _____ Expiration Date: _____

Name on Card: _____

Billing Address for Card: _____

Applicant's Signature

Date

FOR OFFICE USE ONLY

First Reading: _____ Officer's Signature: _____

Second Reading: _____ Date: _____

UNION *Country Club*

UNION
COUNTRY CLUB



PHONE: 330.343.5544

E-MAIL: jorr@unioncountryclub.net

FAX: 330.343.4660

-I accept my invitation to Membership and provide the following for the Club's use in establishing my Membership account at the Club:

Mr. Mrs. Ms. Dr..

Name _____ Date of Birth _____

Marital Status: Single Married Divorced/Separated Widowed

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Social Security # _____

Company Name _____

Type of Business _____ Title _____

Company Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

E-Mail Address (for invoicing) _____

E-Mail Address (for social events) _____

SPOUSE INFORMATION

Mr. Mrs. Ms. Dr..

Spouse's Name _____ Date of Birth _____

Social Security # _____

Company Name _____

Type of Business _____ Title _____

Company Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

DEPENDENT INFORMATION

Name(s) (Under 21) _____ Date of Birth _____ Sex _____

AFFILIATIONS

I am currently a member of the following clubs:

Name _____ City _____ Length of Membership _____

REFERENCES

My Member sponsor is _____
(signature required)

Co-Sponsor _____
(signature required)

Other personal references (can be non-member)

1. _____ Business Phone: _____

2. _____ Business Phone: _____

3. _____ Business Phone: _____

MEMBERSHIP INFORMATION

I am applying for Membership in the following category (refer to enclosed classification descriptions and fees):

Full

34 years or younger

35 - 44

45 years or over

Social

34 years or younger

35 - 44

45 years or over

Initiation Fee: WAIVED

Stock: _____

ADDITIONAL SERVICES

(All fees are based on an annual charge)

MGA Dues \$50.00

WGA Dues \$50.00

*Lockers, Locker Room Facilities, Shoeshine Services, USGA Handicap, Golf Club Storage and the Driving Range Program are included in your Monthly Dues.