



APPLICATION FOR MEMBERSHIP

APPLICANT'S NAME _____ SPOUSE _____

ADDRESS _____ City _____ Zip _____ PHONE _____

DATE OF BIRTH _____ SPOUSE'S DATE OF BIRTH _____

E-MAIL _____

CHILDREN	1) _____	AGE _____	Single	Married
	2) _____	AGE _____	Single	Married
	3) _____	AGE _____	Single	Married
	4) _____	AGE _____	Single	Married

OCCUPATION/BUSINESS _____

PREVIOUS CLUB MEMBERSHIP: CLUB NAME _____

Please have one member sponsor or personal reference sign below.

_____	_____
Signature	Print Name

Address _____ Phone Number: _____

APPLICANT APPLYING FOR: CLASS A _____ JUNIOR _____ SOCIAL _____ NON-RESIDENT _____ STUDENT _____

Optional Services

See our Golf Pro for details:

Are you interested in a driving range pass? \$100	Yes	No
Are you interested in a CDGA handicap? \$40/person	Yes	No
Are you interested in a locker? \$40	Yes	No
Are you interested in a cart storage space/ cart ride/ cart pass/ trail fee? (Circle all that apply above.)	Yes	No

Total submitted with application \$ _____ Method of payment _____

I will comply with all the provisions of the By-Laws and constitution of the Charleston Country Club and any and all rules established by the board of directors. Applicants signature on this application for membership to the Charleston Country Club indicates that individual's acceptance of the following: members deemed delinquent according to the Charleston Country Club By-laws agree, by their signatures, to pay all collection, filing, attorney and penalty fees plus a 2% per month charge on the unpaid balance due. The undersigned agrees to the terms and conditions of this Agreement.

SIGNATURE OF APPLICANT _____ DATE _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Company Name: CHARLESTON COUNTRY CLUB

I (we) hereby authorize _____, hereinafter called "CLUB", to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called "DEPOSITORY", and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until CLUB has received 30-DAY written notification from me (or either of us) of its termination in such time and in such manner as to afford CLUB and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Name(s) _____

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

OR

Credit Card Authorization Form

Please complete all fields.

You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	Security Code: ____ _
Expiration Date (mm/yy): _____	
Billing Address: _____	
Cardholder ZIP Code (from credit card billing address): _____	
City: _____	State: _____ Country: _____

I, _____, authorize _____ to charge my credit card above for agree upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date