

**For Office Use Only**

Consultant _____

Date Joined _____

Membership # _____

Initiation Fee _____

Monthly Dues _____

I am applying for membership in the following category:

☐ Family Membership \$160☐ Individual Membership \$120

(Plus sales tax)

☐ Corporate Membership \$6,400 /one time payment☐ Summer Membership \$630 / one time payment(Plus sales tax) June 1st – Sept. 30th

*I hereby apply for membership and the resultant rights and privileges therein. I understand my **name(s)** and **phone number(s)** will be listed in the Member Directory available to Members only and is not used for solicitation purposes.*

MEMBER INFORMATION ☐ Mr. ☐ Mrs. ☐ Dr. ☐ Ms. ☐ Miss

Name _____ Date of Birth ____/____/____

Phone _____ E-mail _____

MEMBER SPOUSE INFORMATION ☐ Mr. ☐ Mrs. ☐ Dr. ☐ Ms. ☐ Miss

Name _____ Date of Birth ____/____/____

E-mail _____

Residence _____

City _____ State _____ Zip _____

Home Phone (____) _____

Business Name – Member _____

Industry _____ Title _____

Address _____

City _____ State _____ Zip _____

Business Phone (____) _____ Business Fax (____) _____

Wedding Anniversary Date: ____/____/____

UNMARRIED CHILDREN (age 23 and under)Name _____ ☐ Male ☐ Female Date of Birth: ____/____/____Name _____ ☐ Male ☐ Female Date of Birth: ____/____/____Name _____ ☐ Male ☐ Female Date of Birth: ____/____/____

*I would like to add the following services to my account.
I understand that the monthly/annual charges will be on my first statement:*

- ☐ Meadowbrook Golf Association (Yearly, includes GHIN handicap service) - \$50.00
☐ Golf Cart Storage (Monthly) - \$80.00 ☐ Golf Trail Fee (Monthly) \$55.00
☐ Range Club (Monthly) - \$30.00
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APPLICATION AND ACCEPTANCE OF MEMBERSHIP

I hereby apply for a _____ membership at Meadowbrook Golf and Event Center. If this membership application is accepted, I agree to comply with and be bound by the Course Rules and Regulations as they may be amended from time to time. I understand and agree that if the Course does not accept this application, all funds paid for the membership will be promptly refunded, and this application will be cancelled and will not be binding on either party. The Course reserves the right to decline this membership application at any time in its sole discretion. If my application is approved my membership will begin on the date a duly authorized representative of the Course executes the "Approved By" line below.

With this acceptance of my application, I (we) would prefer that our monthly statement be sent to:

☐ Home ☐ Business ☐ Spouse's business

Corporate Memberships

If applying for a corporate membership, please complete the following:

This corporate membership is purchased by _____ (Inc./LLC). I certify that I am the corporate designee for this membership and that I am authorized to submit this application on the company's behalf. I acknowledge and agree that both the company and I are responsible for all dues and charges relating to this corporate membership. Only the company may amend the list of individual designees, and the company may be charged the then current redesignation fee. All designees must be employed by the company at the time of their designation.

NO EQUITY OR COURSE OWNERSHIP INTEREST

I understand and agree that my membership in the Course is not an investment in the Course, and I am not obtaining an equity or ownership interest in the Course or any of the Course's facilities. My membership does not confer upon me a vested or prescriptive right or easement to use the Course's facilities or property. The Course's Management has the right to restrict access and to reserve the Course for maintenance, tournament play or special events. My membership is a revocable license, and is subject to suspension or revocation for my failure to abide by the Course's Rules and Regulations as they may be amended from time to time.

Payments

Membership requires the Member to pay dues and all other charges by one of two options, 1.) Mail in payment 2.) Automatic credit card transaction. The Member agrees to maintain one (1) valid credit card in the Member's name, on file, with the Course at all times. If at any time your credit card on record is declined, due to account closure, expiration date lapsing, or for any other reason, Member agrees to promptly notify Course and furnish new valid credit card information. In the event the Course is not notified of the updated credit card information, the Membership may be cancelled without notice, and the balance of the account will be subject to collections. Member agrees to pay all reasonable attorneys' fees and other fees and costs incurred by Course/Manager/Owner in the even the account is turned over for collections.

I HAVE RECEIVED AND I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS CONTAINED IN THE COURSE'S RULES AND REGULATIONS. This membership application together with the Course's Rules and Regulations as amended from time to time hereby constitute the entire agreement and understanding of the parties in respect of the membership in the Course and the relationship, obligations, terms and conditions contemplated herein and supersede any previous agreements and understandings between the parties with respect thereto. The terms and conditions set out in this membership application and the Course's Rules and Regulations may only be amended, modified or supplemented in a writing issued by the City of Kilgore.

Applicant Signature _____ **Date** _____

Applicant Signature _____ **Date** _____

This Membership Applicant has been approved for membership and is based upon a satisfactory review of all conditions listed within this Membership Application.

Approved By _____ **Date** _____

Title _____

Credit Card Authorization

I certify the credit card listed below is issued to me and I agree that all disputes on my credit card or debit card account relating to the Course will be promptly brought to the Course's attention. I understand that I am obligated to keep a valid approved credit card or debit card on file with the Course at all times.

_____ Please initial here to pay the monthly balance in full each month on the 10th with the following card. I hereby authorize the Course to charge the noted account for payment as listed in the above terms on the date specified above. If any of the above information should change I will contact the Accounting office with the new information. This contract shall be in effect until I send a request in writing to the Course stating that it shall be void.

Member Name _____ Exact name on card: _____

Signed _____ Date: _____

Credit card # _____ Exp. Date: _____ Type: **V MC Amx**

Bill is mailed to: _____ Home _____ Business

(Office use only: Phone _____ Member # _____ Address Code _____)