

KING CARTER GOLF CLUB

APPLICATION FOR MEMBERSHIP PRIVILEGES





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The undersigned hereby applies for a membership at King Carter Golf Club.
If approved, the undersigned requests that his/her name be placed on the Membership Roster as follows:

MEMBER INFORMATION

Mr. Mrs. Ms. Miss Dr.

Name of Applicant/Primary Member _____
(Please Print)

Primary Address – Street _____
(King Carter Address, if applicable)

City _____ State _____ Zip _____

Dates Most Often at This Address (From _____ to _____)

Home Telephone () _____ Work Telephone () _____

Secondary Address – Street _____

City _____ State _____ Zip _____

Dates Most Often at This Address (From _____ to _____)

Telephone () _____

Social Security # _____ - _____ - _____ Date of Birth _____ / _____ / _____

Driver's License # _____ State _____

Marital Status (Optional) Single Married Wedding Date (Optional) _____ / _____ / _____

Name of Employer _____

Occupation and/or Nature of Business _____

Title _____ Years With Present Employer _____

Business Address – Street _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

E-Mail Address (Personal) _____ (Business) _____

Please Mail Club Billings to: Primary Secondary Business

Please Mail All Other Club Correspondence to: Primary Secondary Business

KING CARTER GOLF CLUB

SPOUSE INFORMATION

Mr. Mrs. Ms. Miss Dr.

Spouse's Name _____

Social Security # _____ - - Date of Birth _____ / _____ / _____

Driver's License # _____ State _____

Name of Employer _____

Occupation and/or Nature of Business _____

Title _____ Years With Present Employer _____

Business Address - Street _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

E-Mail Address (Personal) _____ (Business) _____

COMPANY MEMBER INFORMATION

(If applying for a Corporate Golf Membership)

Full Name of Company _____

Mailing Address - Street _____

City _____ State _____ Zip _____

Type and/or Nature of Business _____



1 APPLICATION FOR MEMBERSHIP PRIVILEGES

The undersigned hereby makes application for a membership at King Carter Golf Club in the classification selected below by marking the appropriate box. The undersigned agrees to pay the required membership deposit and/or membership fee in the manner set forth in the undersigned's Membership Agreement.

<u>CLASSIFICATION OF MEMBERSHIP</u>	<u>MEMBERSHIP FEE</u>
Resident Golf Membership	\$4,500
Non-Resident Golf Membership	\$5,000
Corporate Golf Membership	\$7,000
Junior Golf Membership	\$0

If applying for a Resident Golf Membership, Non-Resident Golf Membership or Corporate Membership, please indicate whether family privileges, individual privileges or junior golf privileges are being selected by marking the appropriate box below.

Family Level of Dues Individual Level of Dues Junior Golf Dues

2 IMMEDIATE FAMILY MEMBERS

If selecting the family privileges above, please specify the names of each unmarried child of either the primary member or spouse who is under the age of 23 and either living in the primary member's household or attending school on a full-time basis that will have use privileges at the Club Facilities.

Name (First & Last)	Date of Birth	Male	Female
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

3 QUALIFICATIONS FOR MEMBERSHIP

By signing this Application for Membership Privileges, the undersigned acknowledges that the above information is true and correct and hereby authorizes King Carter Golf Club and its representatives to conduct such inquiry into the undersigned's qualifications for membership as they deem appropriate.

4 MEMBERSHIP APPROVAL PROCESS

The undersigned understands that membership at King Carter Golf Club is subject to approval. In the event this Application for Membership Privileges is acted upon favorably, King Carter Golf Club will so notify the undersigned immediately and invite the applicant to membership. If this Application for Membership Privileges is not acted upon favorably, King Carter Golf Club shall notify the undersigned that he/she will not be invited to membership.

If applying for a Resident Golf Membership, Non-Resident Golf Membership or Junior Golf Membership:

Date _____ Signed _____
(Applicant/Primary Member)

If applying for a Corporate Golf Membership:

Print Name of Company Applicant _____

Print Name of Officer _____ Title of Officer _____

Date _____ Signature of Officer _____