



Membership Application

Personal Information:

Dr. Mr. Mrs. Ms.

Name: (please print) _____

Primary Residence: _____
City State Zip

Home Phone: _____ Cell Phone: _____

Billing Address: : _____
City State Zip

Email Address _____

*This is the email address we will use to send out all weekly and monthly club events and information and is required

Social Security: _____ Date of Birth (month/day/year): _____

Marital Status: Single Married

Driver's License Number: _____ State _____

Occupation and/or Nature
of Business or Profession: _____

Name of Company and Title: _____

Business Address: _____
City State Zip

Phone Number: _____ Years in present employment : _____

Spouse Information: Full Family Golf or Social Memberships ONLY

Dr. Mr. Mrs. Ms.

Name: (please print) _____

Social Security: _____ Date of Birth (month/day/year): _____

Driver's License Number: _____ State _____

Email Address _____

*This is the email address we will use to send out all weekly and monthly club events and information

Occupation and/or Nature of Business or Profession: _____

Name of Company and Title: _____

Business Address: _____
City State Zip

Phone Number: _____ Years in present employment : _____

Dependent Information: Full Family Golf or Social Memberships ONLY

*Unmarried children of the applicant under the age of 23 who are living at home or attending school on a full time basis

| Name | Date of Birth (month/date/year) | Male/Female |
|----------|------------------------------------|-------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

Personal References

- 1. _____ Telephone #: _____
- 2. _____ Telephone #: _____

Classification of Membership

Please indicate below the classification for the membership to be acquired in *The Players Club* and the membership fee set forth below by marking the appropriate box.

| Membership Classification | Membership Fee |
|---|----------------|
| <input type="radio"/> Lifetime Membership | \$ N/A _____ |
| <input type="radio"/> DCH Founder Membership | \$ N/A _____ |
| <input type="radio"/> Full Family Membership | \$ _____ |
| <input type="radio"/> Full Single Membership | \$ _____ |
| <input type="radio"/> Single Junior Membership | \$ _____ |
| <input type="radio"/> Full Junior Membership | \$ _____ |
| <input type="radio"/> Weekday Family Membership | \$ _____ |
| <input type="radio"/> Weekday Single Membership | \$ _____ |
| <input type="radio"/> Social Membership | \$ _____ |

Membership Privileges in The Players Club

I hereby acknowledge that *The Players Club* facilities are owned and operated by Players Club Golf, LLC doing business as *The Players Club* and that membership in *The Players Club* permits the member to use *The Players Club* facilities (upon payment on appropriate fees), but it is not an investment in *The Players Club*, nor does it confer on the member any equity or vested or prescriptive right or easement to use *The Players Club* Facilities, but grants to the member a revocable license to use *The Players Club* Facilities (upon payment of any appropriate fees). Members will not have any interest in the income of *The Players Club* and do not have any right to receive any of *The Players Club* assets if *The Players Club* is dissolved.

Payment of Membership Fees

The undersigned applicant hereby agrees to pay the required \$_____ membership fee for a _____ membership in *The Players Club*. Payment shall be due and payable within ten days after the date of written notice that this Application for Membership Privileges has been approved.

Upon signing this Application for Membership Privileges, I authorize the disclosure and release of information to *The Players Club* for investigating my qualifications for membership and authorize those persons or entities herein to furnish information to *The Players Club*.

I understand that acceptance for membership in *The Players Club* is subject to approval by *The Players Club* and payment of the required membership fee, and any charges as may be charged from time to time.

If the applicants are married, the signatures of both spouses are required.

Applicant’s Signature: _____ Date: _____

Spouse’s Signature: _____ Date: _____

This Application for Membership Privileges shall not be binding on *The Players Club* until the acceptance below is signed.

APPROVED AND ACCEPTED:
Players Club Golf, LLC
d/b/a THE PLAYERS CLUB

By: _____ Date: _____

Payment Options:

All membership accounts are required to use one of the following monthly payment methods for their membership account.

Option 1: Personal/Business Credit Card

Credit Card Type: Mastercard /Visa Discover American Express

Card Number: _____ Expiration Date: _____

Option 2: ACH Authorization

Checking Account Saving Account

Bank Name: _____

Checking/Savings Account #: _____ Transit/ABA#: _____

Monthly statements will be sent either in hard copy or email form prior to the 10th of each month for review. If there is a dispute with your bill please call for corrections and/or changes. Monthly balances will be run on or after the sixtieth (16th) of each, month. All information will be kept confidential and stored with your personal membership information.

I do hereby authorize *The Players Club* to initiate debit entries and initiate, if necessary credit entries and adjustments for any debit entries in error to my membership account through one of the above methods.

This authority is to remain in full force and effect while my membership is active or until *The Players Club* has received written notification from me thirty (30) days prior of its termination in such time and in such manner as to afford *The Players Club* reasonable opportunity to act on it.

Signature: _____ Date: _____