



## Membership Application

A copy of your completed application is  
Available upon request

10200 Old Dominion Pkwy  
Fredericksburg, VA 22408  
540-891-0111- Phone  
540-891-5258- Fax  
www.leeshillgc.com

Date: \_\_\_\_\_

You may be entitled to a reduced initiation fee if;

- Are you a Lee's Hill Community Resident? \_\_\_\_\_
- Are you Active or Retired Military? \_\_\_\_\_

I am applying for a non proprietary membership in the following category: \_\_\_\_\_

How did you hear about the Club? \_\_\_\_\_

### PERSONAL

Applicant's Name \_\_\_\_\_ Birth Month/yr: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Birth Month/yr: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Unmarried Children (under 21)- if getting family membership

Name: \_\_\_\_\_ Birth Month/yr: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### BUSINESS

Applicant's Company Name \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax: \_\_\_\_\_

### Personal References

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Years Known \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Years Known \_\_\_\_\_  
Phone \_\_\_\_\_



**Please read carefully:**

I understand that I am paying an initiation fee of \$\_\_\_\_\_. I further understand that my membership at Lee's Hill Golf Club is for a minimum or one year (12 consecutive months). I may resign Membership privileges, charges and dues will be billed through the month in which notice is given. I also understand that if I choose a cart plan at any point in my membership, Cart plans are also for a minimum of one year. Should I choose to resign prior to my first anniversary date, I agree to pay the monthly dues for the 12 month period up to my first anniversary date. I understand that my resignation will not relieve me of outstanding initiation fee payments, purchases or charges owed to the Club. I understand that my initiation fee is non refundable and does not grant me any proprietary rights or ownership to Lee's Hill Golf Club, nor does my acceptance as a member and payment of the initiation fee guarantee future membership rights to the Club.

I understand that all applications are subject to a routine credit check with the local credit bureau and final approval by the Club. If this application is disapproved by the Club, only my initiation fee will be refunded. I further understand that upon acceptance for membership at Lee's Hill Golf Club, I will abide by the Bylaws and/or rules and regulations set by the Club.

I hereby authorize the Club to offset any outstanding indebtedness dues for payment if said payment has not been satisfied in the month which it was dues. I further agree to provide the Club with an updated credit card as requested. (In the event that this credit card information is not supplied, a 3 month deposit is required).

Credit Card Number\_\_\_\_\_ Expiration Date\_\_\_\_\_

Signature of Cardholder/Member\_\_\_\_\_ Date\_\_\_\_\_

If my Membership is terminated for delinquent, and if collection of my account requires the assistance of attorneys or a collection agency, I/we agree to pay the additional amount due on the account, reasonable attorney and court costs, as well as any initiation fees or dues owed.

I hereby acknowledge that the use of the Club facilities and any privileges or service incident to Membership is undertaken with knowledge of risk of possible injury. I hereby accept any and all risk of injury to myself, my guests and family sustained while using the Club facilities or involved in any event or activity incident to Membership in Lee's Hill Golf Club. In accepting risk of injury, I understand that I am relieving the Club, their successor and assigns, their respective directors, officers, partners, shareholders, employees, agents and affiliates from any and all loss, claims, injury, damages or liability sustained or incurred by me, my guests and my family resulting from or arising out of any conduct or event connected with Membership in Lee's Hill Golf Club and use of the club facilities.

Applicant's Signature\_\_\_\_\_ Date\_\_\_\_\_

Spouse's Signature\_\_\_\_\_ Date\_\_\_\_\_

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