



*Rockport Country Club*

**GOLF PRIVILEGES AUTHORIZATION**

The undersigned member hereby authorizes the Rockport Country Club Members Association to bill the member account for the following privileges as indicated below. I understand that this authorization shall remain in effect until revoked by me in writing and delivered to the Club. (Please circle)

HANDICAP FEES

PRIVATE CART REGISTRATION

MEN'S GOLF ASSN

LADIES GOLF ASSN

PLAYER DEVELOPMENT SINGLE

PLAYER DEVELOPMENT FAMILY

OTHER: \_\_\_\_\_

\_\_\_\_\_  
Member Account #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature