



MEMBERSHIP APPLICATION

Member Number: _____ Membership Join Date: _____

Name: _____

Date of Birth: _____ Phone: _____

Spouse: _____

Date of Birth: _____ Phone: _____

Children:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Please list any additional children on the back of this form.

Residence Address: _____

Billing Address: _____

Email Address: _____

Spouse's Email Address: _____

Place of Employment: _____

Membership Category:

- ☐ Junior 1-Single (19-29 Years)
- ☐ Junior 1 – Family
- ☐ Junior II-Single (30-39 Years)
- ☐ Junior II-Family
- ☐ Single
- ☐ Single PLUS
- ☐ Clubhouse I Family
- ☐ Clubhouse II Family
- ☐ Racquet Family
- ☐ Family
- ☐ Unlimited Golf Single
- ☐ Unlimited Golf Family
- ☐ Non-Resident Single
- ☐ Non-Resident Family

Monthly Dues: _____

Food Minimum: _____

Initiation Fee:

- ☐ One Time \$250 payment
- ☐ Two payments of \$125 each

Quarterly Capital Projects Fund:

*Bills will be sent to the
email address
provided unless
otherwise specified*

I will pay my bill by:

- ☐ Check (payment is due by the 10th of the month)
- ☐ Credit Card draft (Drafted on the 5th.)
- ☐ Bank Draft (Drafted on the 5th)

If you are signing up for Automatic draft (Credit card or bankdraft), please fill out the Authorization Agreement for Automatic Payments attached.

I hereby make my application for membership in the Eufaula Country Club of Eufaula, Alabama, subject to the constitution, By-Laws and all the rules and regulations of the Club. I understand that if I break my contract before the end of the year, I will be legally responsible for paying the full amount of the initiation fee and any outstanding balance. I understand that a 30-day notice is required to break my contract and forgo my membership.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

MEMBER SPONSOR: _____ MEMBER #: _____

