



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: _____

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
- Tennis Family
- Golf Family
- Unlimited Golf Single
- Unlimited Golf Family
- Non-Proprietary Golf
- Non-Resident Single
- Non-Resident Family

Patron

Monthly Dues: _____

Food Minimum: _____

Initiation Fee: \$250

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 #: _____



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Please complete only if you are paying with Automatic Bank Draft.

Name _____ Phone: _____
(as it appears on financial statements)

Address _____ City: _____ State: _____ Zip: _____

Financial Institution: _____

Transit/ ABA# _____ Checking Account# _____

I hereby authorize the Financial Institution listed above to pay my monthly dues and other charges.

Initial Here _____

By charging each payment to my account and making that deduction payable to the order of the Eufaula Country Club, I agree each payment shall be the same as if it were an instrument personally signed by me. The authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to changing my account. I understand that both the Financial Institution and the Eufaula Country Club reserve the right to terminate the payment plan (or my participation therein).

SIGNATURE: _____ DATE: _____

NOTE: Please return this authorization and a VOIDED check on your account to:

**The Eufaula Country Club
P.O. Box 232
Eufaula, AL 36027**