



## Membership Application & Contract

Date \_\_\_\_\_

I hereby apply for Membership and the resultant rights and privileges therein. I prefer my name to be placed on the Membership Roster as follows:

### APPLICANT INFORMATION

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ (Check One)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Preferred Mailing Address: (if other than home address) \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Employment \_\_\_\_\_

Address \_\_\_\_\_

Occupation or Profession \_\_\_\_\_ Work Phone \_\_\_\_\_

### Spouse Information:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employment \_\_\_\_\_

Address \_\_\_\_\_

Occupation or Profession \_\_\_\_\_ Work Phone \_\_\_\_\_

### Qualifying Dependents

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

**MEMBERSHIP INFORMATION**

I am applying for Membership at Fox Den Country Club in the following category:

**Annual Membership \$1,500.00** – Includes one golfer member and family membership to swim and tennis.

Joining Fees are non refundable and the memberships are non transferable. Dues are subject to change at the sole discretion of Fox Den Country Club.

**RESIGNATION OF MEMBERSHIP**

It is agreed that a Member may resign by giving written notice to Fox Den Country Club. The effective date of resignation will be the date the written notice is received by Fox Den Country Club. All accrued dues and other charges for which the Member is liable are due upon the effective date of resignation.

The Membership obtained by the Undersigned is a Non-Proprietary Membership and does not confer any ownership of Club property or assets.

**CLUB POLICIES**

The Undersigned agrees to and are bound by the Rules and Regulations of membership at Fox Den Country Club, as they may be amended from time to time.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ACCEPTED FOR MEMBERSHIP**

By: \_\_\_\_\_

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

Membership Number: \_\_\_\_\_

Dues Applied Beginning: \_\_\_\_\_