



GlenOaks Country Club
10601 Worthington Lane
Prospect, Kentucky 40059
(502) 339-0215

MEMBERSHIP APPLICATION AND AGREEMENT

I hereby make application to GlenOaks Country Club (herein after referred to as “The Club”) to become a Club Member and, if accepted as such, agree to abide by the Rules of the Club as they may be amended from time to time. In the event my application is not accepted, any sums paid to the Club shall be immediately refunded. I understand, and it is agreed, that I am assuming no liabilities whatsoever in connection with the Club other than applicable membership dues, and charges incurred by me, my family, and my guests in the use of the Club; and that my membership is a right-to-use, non-equity membership and therefore it does not confer upon me any ownership in the Club, its profits, losses or assets.

Membership Number: _____ (Assigned by The Club)

Member’s Name: _____ Date of Birth _____

Spouse’s Name: _____ Date of Birth _____

Children’s Name(s) & Date(s) of Birth:

- _____
- _____
- _____
- Nanny/Guardian (pool use) _____

COMMUNICATIONS & STATEMENTS

Home Address: _____

City: _____ State: _____ Zip: _____

Primary e-mail (for Billing) _____
(Primary email will also receive Member Updates)

Secondary e-mail (for Member Updates...etc) _____

Telephone (Home): _____ Personal Cell: _____ Work: _____

MEMBERSHIP OPTIONS

*All membership categories require a minimum one year commitment from first Dues payment**

Family (\$245 p/ Month) _____ Individual (\$215 p/ Month) _____ Senior Ind. (\$155 p/ Month) _____

Senior Couple (\$175 p/ Month) _____ Junior Family (\$185 p/ Month) _____

Junior Individual (\$165 p/month) _____ Resort (\$800 per Year) _____

Paying Annually _____
Paying Monthly _____

Mandatory Driving Range for ALL GOLF Members: Billed first month of joining.

(\$225 per year for Family, Junior Family& Sport, \$175 per year for Junior Individual& Individual)

Optional
Handicap

(\$40 annually, per person): _____ Yes _____ No

How Many: _____

Name(s): _____

Additional Handicap Questions if you chose YES above.

Do you have an existing GHIN at another course? _____ Yes _____ No

If Yes, which course? _____ GHIN # _____

All membership categories require a minimum one year commitment from first Dues payment X* (Initials)

RESIGNATION POLICY: Any member wishing to resign his/her Membership after the one year commitment, shall notify The Club in writing thirty (30) days prior to the effective date of the resignation, but in no event until all dues and other charges are paid in full. This includes any monthly dues, and any charges the member has accrued. X (New Member Initials)

NO ASSESSMENTS, ASSUMPTION OF LIABILITY OR OWNERSHIP

My Liabilities in membership are limited to payment of the appropriate fees plus membership dues and charges incurred by me, or my family in the use of The Club. Fees, dues, and classifications are set by the Owner and may be changed from time to time. Should the account ever need to be sent to collections, I will be responsible for court fees and attorney costs to collect delinquent charges. Persons granted membership privileges have no ownership, proprietary or equity rights of any kind in the Club or any of its properties and shall not have responsibility for its debts or operational expenses of any kind. The Club hereby accepts the foregoing application and invites the applicant to become a Club Member on the terms and conditions contained herein and in the membership rules, as amended from time to time.

Member Signature(s):

X

X

Date: _____

GlenOaks Country Club Signature:

Jamie B Miller

Date: _____

Completed by The Club:

Dues begin _____ which will be billed to me on _____

Membership Commitment Date thru _____

Member Account Name: _____ MEMBER # _____

GLENOAKS COUNTRY CLUB
EFT RECURRING DEBIT AUTHORIZATION (ACH)

I (we) hereby authorize **California Dreamin', LLC** hereinafter called **GlenOaks Country Club**, to initiate debit/credit entries and adjustments for any debit entries in error to my (our) account listed below.

ACH

Financial Institution Name _____

Routing/Transit Number (9 Digits) _____ Account # _____

Begin deducting from my/our CHECKING SAVINGS ACCOUNT

on the **Seventh** day of _____ (MONTH), **20**_____.


A **Voided Personal Check** must be attached for **Checking Account**(Deposit Tickets are not acceptable.)

For Savings Account—Please obtain a valid direct deposit sign up form with **Transit Routing Number and Account Number** from your **Financial Institution** (Ex: Bank) and include information above. **(Deposit Tickets are not acceptable.)**

If the funds are not available in your account at the time GlenOaks Country Club withdraws the payment, you will be responsible for any fees incurred from GlenOaks Country Club including a \$20.00 NSF fee and at your financial institution. If withdraw comes back NSF, GlenOaks Country Club will notify you of such in writing and you must pay your GlenOaks account in full before your next statement. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

ACH ONLY- "Please attach voided check from account you wish to utilize"

Please provide a Driver's License



Print Name Date

Print Name Date

Account Holder Signature

Account Holder Signature