

I hereby apply for admission to the membership of Doublegate Country Club, Ltd.
PLEASE TYPE OR PRINT CLEARLY

Primary Name _____
Social Security Number _____/_____/_____ Date of Birth _____
Home Address _____
Street Post Office Box _____

City County State Zip _____
Home E-Mail Address _____
Home Phone _____ Cell Phone _____
Employer or Business / Affiliation _____
Occupation, Type of Business _____
Business Address _____
Street Post Office Box _____

City County State Zip _____
Business E-Mail Address _____
Business Phone _____ Business Fax Number _____

Spouse's Name _____
Date of Birth _____/_____/_____ Anniversary _____/_____/_____
Employer or Business Affiliation _____
Occupation, Type of Business _____
Business Address _____
Street Post Office Box _____

City County State Zip _____
E-Mail Address _____
Business Phone _____ Fax Number _____

Child's Name _____	Birth Date _____/_____/_____
Child's Name _____	Birth Date _____/_____/_____
Child's Name _____	Birth Date _____/_____/_____
Child's Name _____	Birth Date _____/_____/_____
Child's Name _____	Birth Date _____/_____/_____

Please direct Club information and newsletter to my Home Office Spouse

Please direct monthly statements and official correspondence to Home Office Spouse

NOTE: Each person who signs this application gives the above information for the purpose of obtaining credit and authorizes the obtaining of information concerning his/her credit and any statement made within this application.

I am applying for membership as a (an) _____ member of Doublegate Country Club, Ltd. (the "Club"). I understand the initiation fee for this class of membership is \$ _____.

This agreement includes the following stipulation: The initiation fee is non-refundable.

If accepted for membership in the Club, I agree to abide by and be subject to the By-Laws and Rules and Regulations of the Club as they currently exist and as such may be amended from time to time. I understand that it is my obligation upon acceptance of membership to read and comprehend the By-Laws, Rules and Regulations.

I hereby authorize the Club, by and through its authorized agents, to investigate my reputation, character, integrity, credit, reliability and other information relative to my background and to request and obtain a consumer investigative report so that such membership may be denied without reason, at the sole discretion of the Club.

Doublegate Country Club, Ltd. does not approve or reject any application for membership based on race, creed, color, religion, gender or national origin.

Date _____ Signature _____

Sponsor _____ Member # _____

I agree to be responsible for the charges incurred by myself, my family and my guest.

Payment Option

Please check the following payment option and complete the required information below. For options 1 & 2 please provide a copy of a voided check from the account you wish your charges to be debited. Doublegate bills on a monthly basis and is due on the 15th of each month.

1. Direct Debit to a checking account for all charges once a month. Fixed (dues, locker, storage & range) Variable (all other charges).
2. Direct Debit for fixed charges only, variable charges are billed on a monthly basis .
3. Credit Card of your choice (excluding Discover) for all charges with a 2.5% bank charge for this option.

All options will include a detailed statement from Doublegate.

Name _____ Date _____

Option #1 or #2

Bank's Name _____ Phone _____

Option #3

Cardholder's Name as it appears on the card _____

Card Type Visa MasterCard American Express

Card Number _____ Expiration Date _____