

SINCE 1911

UNION

COUNTRY CLUB

DOVER, OHIO



Membership Application

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-I accept my invitation to Membership and provide the following for the Club's use in establishing my Membership account at the Club:

Mr. Mrs. Ms. Dr..

Name _____ Nickname _____

Date of Birth _____ Marital Status: Single Married Divorced/Separated Widowed

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Social Security# _____

Employer _____

Type of Business _____ Title _____

Employer Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

Statement delivery method: E-mail Paper - USPS Both

E-Mail Address (for invoicing) _____

E-Mail Address (for social events) _____

SPOUSE INFORMATION

Mr. Mrs. Ms. Dr..

Spouse's Name _____ Nickname _____

Date of Birth _____ Anniversary Date _____

Cell Phone _____ Social Security # _____

E-mail _____ Occupation _____

Employer _____

Type of Business _____ Title _____

Employer Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

DEPENDENT INFORMATION

Name(s) (Under 21)	Nickname	Date of Birth	M/F
_____	_____	_____	___
_____	_____	_____	___
_____	_____	_____	___
_____	_____	_____	___

AFFILIATIONS

I am currently a member of the following clubs:

Name	City	Length of Membership
_____	_____	_____
_____	_____	_____

REFERENCES

My Member sponsor is _____ (Printed name) _____ (Signature)

Co-Sponsor _____ (Printed name) _____ (Signature)

Other personal references (can be non-member):

- 1. _____ Business Phone: _____
- 2. _____ Business Phone: _____
- 3. _____ Business Phone: _____

MEMBERSHIP INFORMATION

I am applying for Membership in the following category (refer to enclosed classification descriptions and fees):

Full

Social

- | | |
|--|--|
| <input type="checkbox"/> 34 years or younger | <input type="checkbox"/> 34 years or younger |
| <input type="checkbox"/> 35 -44 | <input type="checkbox"/> 35 - 44 |
| <input type="checkbox"/> 45 years or over | <input type="checkbox"/> 45 years or over |

Business Executive - (Please have each Designee fill out a separate application.)

Initiation Fee: WAIVED Stock # _____

PAYMENT OPTIONS

Full members will receive 6 Free Guest Rounds and Social members will receive 3 Free Guest Rounds when they pay their dues annually. (Value = \$ 60.00/round). New members joining midyear and paying their dues annually will have their dues and Free Guest Rounds prorated through March 31st.

- Annually Monthly

ADDITIONAL FULL MEMBER SERVICES

(Annual fees are subject to change.)

- MGA Dues \$100.00 WGA Dues \$50.00

*Lockers, Locker Room Facilities, Shoeshine Services, USGA Handicap, Golf Club Storage and the Driving Range Program are included in a Full Golf member's dues.

MEMBERSHIP APPLICATION

PAYMENT OF ACCOUNT

Payment of account is due by the 10th. Undersigned agrees to pay the account when due. Undersigned agrees Club may assess a late charge of 2% for past due accounts. (Accounts are considered "past due" if they are not paid by the last day of the month.) Payments on delinquent accounts apply first to reduce late charges, then to accrued dues, then to food and beverage charges, then to any other charges. Dues and other Club charges are considered luxuries under all applicable laws. Undersigned agrees to pay all reasonable attorney fees, investigator fees and costs in the event this account is turned over for collection.

Though Union Country Club offers monthly billing for the convenience of its members, UCC dues and assessments are levied and payable on an annual basis. Partial year memberships can be granted on a case-by-case basis only with the approval of the UCC Board of Directors.

I authorize the Club to check my credit and employment history and to obtain such information as the Club deems necessary to extend credit to me under the Membership account at the Club.

I authorize the Club to charge my credit card if my account becomes 61 days delinquent. When the card below becomes expired, I agree to provide the newest card to be used for full payment.

The credit card I authorize is:

_____ Visa _____ MasterCard

Card Number: _____

Expiration Date: _____ V-Code (last 3 digits on back) _____

Name as it appears on card: _____

Billing Address for Card: _____

_____ (city) (state) (zip)

Applicant's Signature

Date

FOR OFFICE USE ONLY

First Reading: _____

Officer's Signature: _____

Second Reading: _____

Date: _____