



## Membership Application

I/we hereby make application for membership in Country Club of Mendon. I/we desire the following membership status:

Family	_____	Single	_____	Social	_____
Junior Family	_____	Junior Single	_____	Trial/Promo	_____
Senior Family	_____	Senior Single	_____	Student	_____

Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Employer/Business Connection: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Employer/Business Connection: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

<u>Names of Children Less than 21 Years of Age</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Add as Member</u>
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_____	_____	_____	Y or N
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_____	_____	_____	Y or N
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Have you ever been a member of Country Club of Mendon? \_\_\_\_\_

If yes, dates of membership: \_\_\_\_\_

Are you now or have you been a member of other clubs? \_\_\_\_\_

If yes, please indicate which clubs and dates: \_\_\_\_\_

Who referred you to Country Club of Mendon? \_\_\_\_\_

I/We understand and agree that as a member of Country Club of Mendon, I/We assume complete responsibility for the full year's dues and that my/our membership will continue on a yearly basis thereafter unless I/we notify Country Club of Mendon **in writing prior to December 15th of the coming year**. I/We further understand and agree to abide by the by-laws, rules and regulations established by the Club and all amendments, additions and alterations that may be made thereto. I/We agree to maintain a current balance status on all Country Club of Mendon charge accounts and understand that all accounts over 60 days delinquent will be denied membership privileges until the account is made current. I/We further agree that in the event it may become necessary to collect any sums that may be due, I/We shall be responsible for all costs incurred by Country Club of Mendon in the collection process.

**CCM Payment Options – Choose One**

\_\_\_ Yearly payment in full Credit/Debit Card (list # below) or by check (payable to Country Club of Mendon)

\_\_\_ Monthly payment by Credit or Debit Card (list information below)

\_\_\_ Monthly payment automatically debited from bank account (list information below)

**Signature(s) required**

\_\_\_\_\_  
Member (Guardian if under 18 student member) \_\_\_\_\_ Date

\_\_\_\_\_  
Spouse (if joint application) \_\_\_\_\_ Date

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**For Office Use Only**

Member # \_\_\_\_\_ (Initiation) / (Commitment Letter)  
Class Code # \_\_\_\_\_ Date Received: \_\_\_\_\_  
Dues Billing: Annual Monthly 2-Yr Commitment \_\_\_\_\_ 3-Yr Commitment \_\_\_\_\_  
Credit Card# \_\_\_\_\_ (Type) \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVVM# \_\_\_\_\_  
Debit Card# \_\_\_\_\_ (Bank) \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Bank Name \_\_\_\_\_ Routing # \_\_\_\_\_ Account# \_\_\_\_\_  
Approved: \_\_\_\_\_ Date: \_\_\_\_\_