



## Membership Application

Full Membership     Jr. Full Membership     Company Membership     Social Membership

### PERSONAL INFORMATION

Married    Yes     No

Name (please print) \_\_\_\_\_ Sex  M  F

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone(    ) \_\_\_\_\_ Home Phone(    ) \_\_\_\_\_

Employed By \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse/Significant Other Name (please print) \_\_\_\_\_ Sex  M  F

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone(    ) \_\_\_\_\_ Home Phone(    ) \_\_\_\_\_

Employed By \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Names & Birth Dates of Children at home under the age of 25

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F

There is a \$240 per quarter "Use It or Lose It" fee for all memberships. If at the end of a quarter, you have not charged \$240 in food and beverage (this does not include tax or tip) to your account (to be paid off each month), the balance between what has been used and \$240 will be charged and billed to your account.



## Membership Application Continued

### FEE'S

Type of Membership	Initiation Fee	Monthly Dues
1. Full Membership	\$7,500.00	\$372.00
2. Company Membership	\$7,500.00	\$372.00
Transfer Fee Company only	\$300.00	
3. Junior Membership	\$3,750.00	\$318.00
4. Social Membership	\$3,750.00	\$197.00

Statements will be emailed to the listed email address by the 7th of each month. You will have until the 15th of the month to dispute any charges.

### Monthly Billing Payments

ACH Information-Bank Account for auto-deducted each month

Name of Bank \_\_\_\_\_

Routing Number \_\_\_\_\_

Checking Account Number \_\_\_\_\_

Credit Card    Visa    Master Card    American Express    Discover                      CVM Code \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Cardholders Signature \_\_\_\_\_

Would you like your Dues billed \_\_\_\_ Monthly \_\_\_\_ Quarterly \_\_\_\_ Semi-Annually \_\_\_\_ Annually

Applicant's Signature and Valid Credit Card or ACH information-By signing this agreement, I understand that my monthly billing will be automatically paid by ACH pulled from our bank or Credit Card (all credit cards will be charged with an additional 3% fee) each month on or around the 15th of each month. This will give you time to look at your statement and know what is being charged.

By signing this Application, I agree to all Rules and Bylaws of the Cheyenne Country Club.

Members's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse/Significant Other Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of payment enclosed with Application \$ \_\_\_\_\_