



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. **In the event we are on a waiting list for full membership, there will be a \$1000 deposit due to be added to said list. At the time of joining that \$1000 will be credited against your initiation fee.**

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 \$ _____