

MEMBER REFERRAL (if applicable)

First Name_____
Last Name

PREVIOUS CLUB MEMBERSHIP (if applicable)

Club Name_____
City_____
State Private Public

AUTHORIZATION

I hereby submit this application for membership in ANDERSON COUNTRY CLUB. If it is accepted, I agree my membership is for a minimum of one full year and that I will pay all dues and charges associated with my membership. I agree to abide by Anderson Country Club Policies & Rules in the present form or as may be amended.

I understand that all dues, food and beverage charges and all other obligations due to the club, shall be paid on or before the 15th day of the month following the month charges were incurred.

I agree to maintain a valid debit/credit card account on file with the business office at all times. Should my account become 30 days delinquent, I agree the Club shall have the right to bill such past due amount to my card on file.

CREDIT CARD INFORMATION American Express Visa MasterCard Discover

I prefer **Anderson Country Club** to use this credit card for my monthly payments.

Signature for Authorization_____
Applicant Signature_____
Date of Application_____
Spouse/Significant Other Signature