



# Deep Springs Country Club MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

MEMBER NUMBER: \_\_\_\_\_

PLEASE CHECK ONE MEMBERSHIP CATEGORY AND SERVICES REQUESTED:

- |                                                       |                                                           |                                                            |                                                     |
|-------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> FULL MEMBER                  | <input type="checkbox"/> INDIVIDUAL                       | <input type="checkbox"/> YOUNG EXECUTIVE FULL              | <input type="checkbox"/> YOUNG EXECUTIVE INDIVIDUAL |
| <input type="checkbox"/> NON-RESIDENT (40+ MILES)     | <input type="checkbox"/> OUT OF STATE                     | <input type="checkbox"/> SOCIAL                            | <input type="checkbox"/> LOCKER RENTAL - \$8/month  |
| <input type="checkbox"/> RANGE PLAN – FAMILY \$375/yr | <input type="checkbox"/> RANGE PLAN – INDIVIDUAL \$275/yr | <input type="checkbox"/> GHIN HANDICAP SERVICE - \$35/year | <input type="checkbox"/> BAG STORAGE - \$8/month    |

LAST NAME		FIRST NAME		DATE OF BIRTH	
HOME ADDRESS			CITY	STATE	ZIP
HOME PHONE	CELL PHONE		EMAIL ADDRESS		
BUSINESS ADDRESS			CITY	STATE	ZIP
BUSINESS PHONE			BUSINESS EMAIL ADDRESS		

I prefer communications sent to: Personal Email \_\_\_\_\_ Business Email \_\_\_\_\_

DEPENDENT FAMILY MEMBERS\* INCLUDE:

NAME	RELATION	PHONE	EMAIL ADDRESS	DATE OF BIRTH

\*Dependent Family Member shall mean the member's spouse, a domestic partner, and any unmarried son or daughter, less than 22 years of age who is a dependent of and resides with said member, or an unmarried full-time student less than 26 years of age who is a dependent of said member.

Requested Password for Member Website Access \_\_\_\_\_

## COMMUNICATIONS AND STATEMENTS

Subject to approval by the Club and payment of fees (including Quarterly Capital Reinvestment charges of \$40 occurring in March, June, September, and December) and dues (dues pro-rated if applicable), I wish to have my membership become effective on:

\_\_\_\_\_

Date (within 30 days of application)

\_\_\_\_\_

Initial

If this application is not approved by the Club, all funds deposited herewith shall be immediately refunded. It is agreed that I may resign from the Club by giving thirty (30) days advance written notice to the Club and by paying all dues and other charges for which I may be liable, and I shall not thereafter be subject to any further dues or charges. It is further agreed this is not a stock.

### AREAS OF INTEREST

Please check all that apply:

<input type="checkbox"/>	<b>GOLF (MENS)</b>
<input type="checkbox"/>	<b>TENNIS (MENS)</b>
<input type="checkbox"/>	<b>SWIMMING</b>
<input type="checkbox"/>	<b>TOURNAMENTS</b>

<input type="checkbox"/>	<b>GOLF (LADIES)</b>
<input type="checkbox"/>	<b>TENNIS (LADIES)</b>
<input type="checkbox"/>	<b>WATER AEROBICS</b>
<input type="checkbox"/>	<b>DINING</b>

<input type="checkbox"/>	<b>GOLF (YOUTH)</b>
<input type="checkbox"/>	<b>TENNIS (YOUTH)</b>
<input type="checkbox"/>	<b>BRIDGE</b>
<input type="checkbox"/>	<b>SOCIAL</b>

### RULES AND REGULATIONS

As a member, I agree to conform to and be bound by the rules and regulations of the Club and understand they may be amended from time to time. Any rules violations subject the membership to revocation without refund.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### OFFICE USE ONLY

Accepted

Denied

Approved Date: \_\_\_\_\_ Signed: \_\_\_\_\_