



Chowan Golf and Country Club Membership Application

I, _____ hereby make application to
(Print) Last Name First Name Middle Initial

Chowan Golf and Country Club and agree to abide by the Club's By-Laws and regulations. I understand that this application for membership is for twelve months and that my membership will automatically renew annually unless I submit a letter of resignation to the Board of Directors. Check box to indicate desired membership type. **Write applicant's date of birth on line provided:**

Resident _____ Nonresident _____

Social _____ Senior _____

Junior Executive _____ Business _____

Name of business _____

Home address _____ Mailing address _____

E-mail address _____

Home phone (____) _____ Cell phone (____) _____

Name of emergency contact _____ Phone (____) _____

Spouse's name _____ Date of Birth _____

Dependents (shall include children under 21 residing with and dependent upon the member, or dependent children no older than 25 years of age enrolled full time in a school or college):

Dependent's name _____ Date of Birth _____

Dependent's name _____ Date of Birth _____

I desire my membership to begin on _____ I, 20____ and to pay my dues (check one)

Monthly (by automatic bank debit) ^{Month} Quarterly (by cash, check, or credit card) ^{Year}

Monthly (by automatic credit card charge) Annually (by cash, check or credit card)

Check box to be included in the Chowan Golf and Country Club directory.

Check box to give CGCC permission to use photos of the applicant and/or family from Club events in promotional materials.

Applicant's Signature _____ Date _____

Board of Directors Action Approval Disapproval

Remarks: _____

Board of Directors' Secretary _____ Date _____

Authorization Agreement: Bank Draft or Credit Card Charge

This is authorization to CGCC to automatically debit monthly dues and charges from my (check one)

Checking Account

Savings Account

Account Number _____

Bank Transit/ABA Number _____

Branch _____

Financial Institution _____

This is authorization to CGCC to automatically charge my monthly dues and charges to (check one)

MasterCard

Visa

Other _____
Name

Card Number: _____ Expiration Date _____

Security Code _____

I understand that statements will be e-mailed on or before the 5th of the month. Monthly dues and any miscellaneous charges will be charged to my account by either the 10th of the month or the first business day following the 10th.

For the purpose of satisfying my monthly account balance, I understand that this authorization will be in effect until I notify my financial institution and the Chowan Golf and Country Club in writing that I no longer desire this service. Allowing a reasonable time to act on my notification, I also understand that if corrections in the debt amount are necessary, there may be a subsequent credit or debit adjustment to my account.

I am responsible for notifying CGCC in writing of an error in billing within 60 days of the event. CGCC is not responsible for making adjustments to the account beyond that time if written notice has not been submitted within the designated time frame..

My membership privileges will be automatically suspended if membership dues are in arrears by three months. Full payment is required to reinstate membership.

CGCC's bank will charge a \$25 fee for checks returned for insufficient funds.

This authorization is nonnegotiable and nontransferable.

Name (Print) _____ Date _____

Signature _____

(For verification of bank account information, please attach a voided check)

Accountant's Action:

Membership Number _____ Membership Card Issued _____

Dues Account Established _____