

I, \_\_\_\_\_ Hereby make application for membership in the Chowan Golf & Country Club as a \_\_\_\_\_ member. I agree to be bound by the provisions of the Club's By-Laws and rules and regulations for use of the social & recreational and properties.

Spouse \_\_\_\_\_  
Print

Names of dependent children residing with applicant:  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

Mailing Address, If other than home address \_\_\_\_\_

Business Membership Address \_\_\_\_\_

I desire my membership to begin on \_\_\_\_\_ 1<sup>st</sup> 20\_\_\_\_ and elect to pay my dues in the following manner:

Monthly \_\_\_\_\_ per year  
(Two months dues submitted with application)  
(Complete draft authorization below)

Entrance fee for \_\_\_\_\_ membership \_\_\_\_\_

Total dues and fees due now \_\_\_\_\_ (Submit with application)

\_\_\_\_\_  
Date Name

Authorization Agreement for Draft Payment of Monthly Dues

This is my authorization to the Chowan Golf & Country Club to automatically debit my  
[ ] Checking [ ] Saving \_\_\_\_\_  
Number Bank Transit / ABA No.

At the \_\_\_\_\_ of \_\_\_\_\_  
Branch Financial Institution

For the purpose of satisfying my monthly dues and or account balance obligation as established by the Board of Directors for my membership classification. I understand that this authorization will be in effect until I notify my financial intuition and the Chowan Golf & 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 indebt amount are necessary, it may involve and adjustment (credit or debit) to my account.

I have the right to stop payment of a debit by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by financial institution, if within 15 calendar days following the date on which I was sent a statement of account or written notice of such entry of 45 days after posting, whichever occurs first. I give my financial institution a written notice identifying the entry, stating that it is in error.

**This authorization is nonnegotiable and nontransferable**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: Please attach a voided check from your account so that we can verify the bank numbers.

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Co-Sponsor

\_\_\_\_\_  
Co-Sponsor

**Membership Committee Action**

1. Recommendation to the Board of Directors: \_\_\_\_\_ Date \_\_\_\_\_  
2. Remarks \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

**Board of Directors Action**

Date \_\_\_\_\_  
1. \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
2. Remarks \_\_\_\_\_

\_\_\_\_\_  
Secretary, Board of Directors

**Accountants Action**

1. \_\_\_\_\_ Membership Number
2. \_\_\_\_\_ Membership Card