



## Membership Application and Agreement

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Address \_\_\_\_\_

Billing Address: \_\_\_\_\_

Spouse/Partner \_\_\_\_\_ Contact # \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Membership Type:  Family  Individual  Young Executive

For Family Membership please complete page 2

If I am accepted as a member of the Coves Golf Club, LLC, I commit that my intention is to be a member for a minimum 12 month period. If I drop membership, I understand I must pay the published initiation fee to rejoin. I agree to comply with the rules and regulations of the club in force now and those which may be legally adopted.

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

Printed Name: \_\_\_\_\_

Accepted this \_\_\_ Day of \_\_\_\_\_, 20\_\_\_ By \_\_\_\_\_

Coves Golf Club, LLC Officer

If you would like to hereby authorize Coves Golf Club, LLC to automatically withdraw from your checking account the total amount due on your bill on or about the 15th of the month, please complete below and attach a voided check. This will be in effect until you give the Coves Golf Club, LLC 30 days notice to cancel.

Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

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



Family Membership - List Family members in household under the age of 28

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_