The Golf Club of Georgia
Membership Application Form

Membership Information

This application, together with all required supporting documents, must be completed
and returned to club management prior to membership processing.
Proof of income in the form of
a recent payroll stub, bank statement or IRS tax document is required with your application.

The following information will be confidentially maintained by the Club.
Please note that the club requires that all applicable fields must be completed in their entirety to be considered for membership. Thank you.

I AM REQUESTING MEMBERSHIP IN THE FOLLOWING CLASSIFICATION			
_____ Full Golf	_____ Intermediate Golf	_____ Young Professional Golf	_____ Corporate
_____ National	_____ Tour Golf	_____ Social Membership	_____ Social w/ tennis & swim

APPLICANT INFORMATION		
Title:	Name (in full):	SSN:
Current Address:		
City:	State:	ZIP Code:
Previous Address (if less than one year):		
City:	State:	ZIP Code:
Email:		
Home Phone:		Cell Phone:

EMPLOYMENT INFORMATION		
Business Name:		
Business Address:		
City:	State:	ZIP Code:
Business Phone:	Position:	Annual Income:
Previous Employment (if less than three years):		

MARITAL STATUS ____MARRIED ____SINGLE **SPOUSE INFORMATION (IF APPLICABLE)**	
Name of Spouse:	
Business:	
Position:	Income:
Email:	Cell Phone:

Supplemental Information

CHILDREN Please list names of unmarried children under 23 years of age who are living at home, attending school full time or serving in the U.S. Armed Forces.					
Sons			Daughters		
Name	Age	Birthdate (MM/DD/YY)	Name	Age	Birthdate (MM/DD/YY)

IMPORTANT DATES	
Member Birthdate (MM/DD/YY):	Place:
Spouse Birthdate (MM/DD/YY):	Place:
Wedding Anniversary Date (MM/DD/YY):	

SOCIAL	
College Attended:	Degree:
Civic Clubs, Societies or Associations:	
Other Club Affiliations (previous and current): Name:	Length of Membership:
Name:	Length of Membership:

ADDITIONAL INFORMATION		
GHIN #: (one will be assigned if you do not currently have one)		
Please send communication to:	Home _____	Business _____
Are you related to a member: _____ If so, please list name and relationship:		
Please list anyone you would like us to extend an invitation for membership: Name: Relationship:	Email:	Phone Number:
Name: Relationship:	Email:	Phone Number:

Credit References

BANK INFORMATION	
Name of Bank:	Branch:
Bank Contact:	Phone:
Name of Bank:	Branch:
Bank Contact:	Phone:

I authorize The Golf Club of Georgia to receive such information for investigation for my qualifications for Membership as it deems appropriate, including without limitation to my credit history.

I agree, if approved for membership, to pay all dues and fees in accordance with the Clubs' credit policy which states "Member statements will be processed on the 1st of each month and due in full no later than the 10th day of the same month. Any member account not paid in full by the close of business on the 10th day of the month will be assessed a 10% late fee. In addition, the unpaid member account will be placed in suspension status until the account is brought current and senior management has given approval for reinstatement. While a member is suspended, club usage will be denied; however, dues will continue to be billed. Terms of reinstatement may include requiring the member to place a credit card on file or setup ACH for monthly billing purposes. Member accounts that remain unpaid for 60 days or more will be reviewed for possible membership termination." Should I decide to resign my membership, I agree to give The Golf Club of Georgia at least a 30 day notice and understand that my membership resignation will take effect on December 31st of requested resignation year.

I agree, if approved for membership, to waive, hold harmless and release The Golf Club of Georgia, their employees and agents from any claims, damages or injuries arising out of or in connection with such membership activities including operating a golf cart. I understand that through such membership activities, I and all dependents listed on this application may be subject to various dangers or risks of personal injury, even fatality, as well as other injuries or damages. These risks and dangers have been considered by me and I voluntarily choose to participate and assume all such dangers and risks.

My initiation in the amount of $_____ made payable to The Golf Club of Georgia accompanies this Membership Application Form. This initiation fee is non-refundable. It is agreed that if this application is disapproved by the Club, all funds deposited herewith shall be immediately refunded and this agreement shall be cancelled and held naught.

By my signature below, I hereby request Membership.

_____

Signature Date

This Membership Application shall not be binding upon the Club until the acceptance below is signed.

_____

Golf Club of Georgia Representative Date

ACH Payment Form

Please fill in the fields, sign and return to our office.

Mail to:
One Golf Club Drive
Alpharetta, GA 30005

Fax to:
770.664.0044

PERSONAL INFORMATION		
Member Name:		
Member Number:		
Billing Address:		
City:	*State:*	*ZIP Code:*
Email:	*Phone:*	
Bank Information		
Bank Name:		
Account Number:		
Routing Number:		

By my signature below, I agree to authorize, and do hereby authorize, The Golf Club of Georgia to withdraw money from my bank for my monthly statement balance. I understand this will be processed on the 10th of each month.

_____

Member's Authorized Signature *Date*

Credit Card Authorization Form

Please only complete if you plan to pay via credit card.

PERSONAL INFORMATION		
Cardholder Name:		
Member Number:		
Billing Address:		
City:	State:	ZIP Code:
Email:	Phone:	
CREDIT CARD INFO		
Credit Card Type: Master Card _____ Visa _____ American Express _____		
Credit Card Number:		
Expiration Date:	Security Code:	

By my signature below, I agree to authorize, and do hereby authorize, The Golf Club of Georgia to charge the above indicated credit card for my monthly statement balance. I understand credit cards will be processed on the 10th of each month. A convenience fee will be charged for payments made with a credit card. For members paying with a Visa or MasterCard, a convenience fee equal to 2.7% of the monthly statement and/or initiation fee will be added to the total bill at the time of payment. For members paying with an American Express credit card, a convenience fee of 3.2% of the monthly statement and/or initiation fee will be added at the time of payment.

_____

Cardholder Signature Date