

MORRILTON COUNTRY CLUB

APPLICATION FOR MEMBERSHIP

APPLICANTS NAME: _____

SPOUSE NAME: _____

APPLICANT DATE OF BIRTH: _____ SPOUSE DATE OF BIRTH: _____

APPLICANT CELL PHONE # _____ SPOUSES CELL PHONE # _____

LIST CHILDRENS NAMES AND DATE OF BIRTH INCLUDED IN YOUR MEMBERSHIP

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME /LANDLINE TELEPHONE #: _____

APPLICANTS PLACE OF EMPLOYMENT: _____

WORK TELEPHONE: _____

SPOUSE'S PLACE OF EMPLOYMENT: _____

WORK TELEPHONE: _____

APPLICANTS EMAIL ADDRESS: _____

SPOUSES EMAIL ADDRESS: _____

WOULD YOU LIKE PAPERLESS STATEMENTS? YES _____ NO _____

TYPES OF MEMBERSHIPS

(Please check only one)

_____ **FAMILY MEMBERSHIP/FULL MEMBERSHIP** (\$135.00/mo. plus tax of \$12.49= \$147.49)

Includes full membership rights and privileges. This include golf, clubhouse, bar, lounge, pool, voting rights, service on the board, etc.

_____ **FIRST YEAR SPECIAL MEMBERSHIP (12 month period)** (\$85.00/mo. plus tax of \$7.86=\$92.86)

Must join for at least 12 month and bill paid by monthly drafted by the first week of each month.

Includes rights and privileges of golf, clubhouse, lounge and pool. Upon the conclusion of the special rate period of 12 months you will become a full member and dues will increase to the Family/Full Membership rate of: (\$135/mo. plus tax of \$12.49=\$147.49).

_____ **JUNIOR MEMBERSHIP** (\$81.00/mo. plus tax of \$7.49= \$88.49)

Available to persons between the ages of 21 - 30. Junior members have all privileges of a full member. Upon attaining age 30, the member will continue their membership as a regular full member with no interruption in membership except the cost of a Full/ Family membership will go into effect at that time. In the case of married couple the oldest spouse will be the age that the change in membership occurs.

_____ **OUT-OF-AREA PROMOTIONAL MEMBERSHIP** (\$76.00/ mo. plus tax of \$7.03= \$83.03)

Applies to applicants whose home address is 18 miles or more from the clubhouse. The dues for the promotional membership (same privileges as the Family membership) are guaranteed for one year from the date of this application.

_____ **SOCIAL MEMBERSHIP** (\$35.00/mo. plus tax of \$3.06= \$38.06)

This is a Family Membership with full use of Clubhouse and pool. Golf is not included in a Social Membership however social members can pay regular green fees to play golf.

USAGE FEES

(Please check all that apply)

_____ **TRAIL FEE** (\$5.00/ month)

_____ **CART SHED FEE** (\$20.00/ month)

_____ **CART SHED MAINTENANCE FEE** (\$6.00/ month)

DRAFT INFORMATION

Please submit a voided check or account number for the automatic draft.

BANK NAME: _____ ACCOUNT# _____

Bank Address: _____

MEMBERSHIP, TAXES, USAGE FEES = TOTAL MONTHLY DRAFT of \$ _____

MEMBERSHIP AGREEMENT

*I, THE UNDERSIGNED, HEREBY APPLY FOR MEMBERSHIP IN THE MORRILTON COUNTRY CLUB, A PRIVATE CLUB. IT IS UNDERSTOOD ALL MEMBERSHIPS REQUIRE A ONE YEAR AGREEMENT. **DUES AND CHARGES WILL BE DRAFTED MONTHLY.** DUES WILL BE PRORATED FOR THE REMAINDER OF THE FIRST MONTH ACCORDING TO THE DATE ON THIS APPLICATION AND ARE PAYABLE AT THAT TIME FOR THE REMAINING DAYS OF THE MONTH.*

I UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO APPROVAL OF THE MEMBERSHIP COMMITTEE FOR ACCEPTANCE OR REJECTION AT ANY TIME WITHIN A 30 DAY PROBATIONARY PERIOD. INITIATION AND DUES ARE SUBJECT TO CHANGE.

UPON SIGNING THIS APPLICATION, I THE UNDERSIGNED, HAVE READ ALL PAGES OF THIS APPLICATION AND AGREED TO THE RULES AND REGULATIONS OF MORRILTON CLUB THAT ARE ATTACHED TO THIS APPLICATION AND ALL OF THE TERMS AND CONDITIONS OF THIS AGREEMENT.

I UNDERSTAND RESIGNATIONS MUST BE MADE BY LETTER TO THE CLUB. ALL CHARGES WILL CONTINUE UNTIL THIS LETTER IS RECEIVED. MEMBERS UPON RESIGNATION ARE NOT ALLOWED TO REAPPLY FOR MEMBERSHIP FOR A PERIOD OF ONE YEAR.

APPLICANT'S SIGNATURE: _____ DATE: _____

GENERAL MANAGER: _____ DATE: _____

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME Merritt-Hon Country Club

COMPANY ID NUMBER _____

I (we) hereby authorize Merritt-Hon Country Club
hereinafter called COMPANY, to initiate debit entries to my (our) Checking account
indicated below and the depository named below, hereinafter called DEPOSITORY, to
debit the same to such account.

DEPOSITORY NAME Petit Jean State Bank BRANCH Main

CITY Merritt-Hon STATE Ark

ZIP 72110

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY
has received written notification from me (or either of us) of its termination in such time
and in such manner as to afford COMPANY and DEPOSITORY a reasonable
opportunity to act on it.

NAME(S) _____
(PLEASE PRINT)

EMPLOYEE/MEMBER ID NUMBER _____
(PLEASE PRINT)

SIGNED X _____ DATE _____

SIGNED X _____