

Membership Application

Non-Stockholder

El Campo Country Club



Date: _____

Name: _____ Age: _____

Mailing Address: _____

Physical Address: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Email Address: _____

Spouse's Name: _____ Age: _____ Number in Family: _____

Name(s) of Children & Age: _____

Initiation \$350.00

Total \$350.00

Minimum Down Payment is \$350.00 plus first month's dues of \$98.09.

I understand the initiation fee is non-refundable in the event of termination of membership.

I (We) hereby request membership in the El Campo Country Club. My (Our) check in the sum of \$448.09 is attached and will be held for deposit until acceptance or non-acceptance by the membership committee of El Campo Country Club.

I wish to offer the following references (Club members preferred)

1. _____ Address _____
2. _____ Address _____

Applicant's signature below indicates agreement and understanding of the terms above. Applicant understands that his or her monthly billing will be one month's dues (\$98.00 + \$8.09 tax presently) plus additional \$10.00 monthly food assessment, which is refundable with \$10.00 Clubhouse food purchase.

Applicant's Signature _____

Board (Committee) Use Only:

Committee _____ Action _____ Date: _____ Member # _____

Pro Shop 979-543-6592

• Fax 979-543-9725

• Clubhouse 979-543-2531

www.elcampocountryclub.com