

Springfield CC

Membership Application
~ Corporate Membership ~



**SPRINGFIELD COUNTRY CLUB
CORPORATE MEMBERSHIP CLASSIFICATION**

Corporate Membership: Requires a minimum participation of five *individual* members. The initial base cost for this program will be set at \$15,000 and will bill to the primary member account. Initial cost must be paid up front by the business. One member will be designated the primary member and will sponsor each additional member as an “extension” member. Each member within this membership will be assigned an account number and will receive a monthly statement with their respective charges.

Initiation Fee: \$20,000 – Due upon acceptance of the Club.

FACILITIES

Formal Dining - Main Dining Room

Casual Dining – Tavern

Ethan Brooks Meeting Room

Full-Service Pro Shop

Practice Range

Pool & Cabana

FEES

Green Fees

9-holes	\$30.00 per person
18-holes	\$60.00 per person

Cart Rentals

9-holes	\$11.50 per person
18-holes	\$23.00 per person

Pool Fees:

Adult	\$10.00
Child	\$ 5.00

Trail Fees: (private cart owners)

Single	\$1,050.00
Family	\$1,250.00

Club Storage \$ 100.00 per year

Dining Minimum Obligation

Single: \$840 annual

Member #1 - Personal Information

*Name _____

Primary Address _____
Street City State Zip Code

Winter Address _____
Street City State Zip Code

Home Telephone Number _____ Cell _____

*Date of Birth _____ Email _____

Single _____ Married _____ Divorced _____ Widowed _____

Business Information

Applicant's Occupation _____

Name of Company _____ Title _____

Business Address _____
Street City Zip

Business Telephone Number _____ Fax _____

Length of Service with this firm _____ Email _____

Spouses Occupation _____

Name of Company _____ Title _____

Business Address _____
Street City Zip

Business Telephone Number _____ Fax _____

Years in Employment _____ Email _____

Statement / Correspondence Preference

I prefer to receive my monthly billing and correspondence at _____ Home _____ Business _____
Paper: _____ **Email:** _____

Reference Information

I am acquainted with the following Springfield Country Club Members:

Primary Sponsor _____ for _____ years

Secondary _____ for _____ years

Credit Card Information

Type _____ Card No: _____

Expiration Date _____ Security Code _____

Name on Card _____

Telephone No. Associated w/Card _____

Billing Address for Card _____

By signing this application, I am applying for a membership to Springfield CC, LLC DBA Springfield Country Club, a private membership Club. I authorize the Club to evaluate my qualifications for membership. I further understand and agree that my membership is subject to the approval of the Club's Managers.

I understand that the Club may be accessing a copy of my credit report. I authorize the Club to do so and to obtain all information it may require concerning the statements on this application. I further authorize my credit references to release or verify such information to the Club.

By signing below, I agree, if accepted for membership to the following:

1. I acknowledge receipt of and agree to familiarize myself with and abide by the terms and conditions for membership of the Club as now in effect or as amended in the future.
2. I understand that I am personally responsible for dues and all other charges and that all amounts due will be paid within thirty (30) days or within other limits fixed by the Club and that delinquent accounts will be suspended or terminated for nonpayment.
3. I understand that my membership will go forward each year unless otherwise noted. I agree that my request to resign shall be made in writing by me to the Business Office.
4. I understand that my resignation shall not relieve me of any obligations or indebtedness of mine to the Club and that I remain responsible for all charges, including but not limited to unpaid membership dues.
5. I authorize the Springfield CC, LLC DBA Springfield Country Club to automatically process the credit card on file for overdue balances on my account over (30) days.
6. I understand that my dues are annual and if the dues are paid monthly, I am not relieved of my obligation to pay the annual dues in full.
7. I hereby acknowledge that all the statements set forth in this application are true and correct, and that I have withheld no information of a material nature, which would negatively affect my membership

application.

Date: _____

Signature of Nominee: _____

The Initiation Fee and/or deposit is payable upon acceptance. Due's bill over a period of six (6) months; November – April. ~ Social, Dining & Junior memberships are billed in full on November 30th.

* Memberships are based upon age according to the membership Club Policy.
Age of oldest **golfing** Member shall determine appropriate membership classification.

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FOR OFFICE USE ONLY**

Date Nomination Form Received _____ Initials _____

Date reviewed by Club Manager _____

Notification Date _____

Assigned Account Number _____

Member #2 - Personal Information

*Name _____

Primary Address _____
Street City State Zip Code

Winter Address _____
Street City State Zip Code

Home Telephone Number _____ Cell _____

*Date of Birth _____ Email _____

Single _____ Married _____ Divorced _____ Widowed _____

Business Information

Applicant's Occupation _____

Name of Company _____ Title _____

Business Address _____
Street City Zip

Business Telephone Number _____ Fax _____

Length of Service with this firm _____ Email _____

Spouses Occupation _____

Name of Company _____ Title _____

Business Address _____
Street City Zip

Business Telephone Number _____ Fax _____

Years in Employment _____ Email _____

Statement / Correspondence Preference

I prefer to receive my monthly billing and correspondence at _____ Home _____ Business _____
Paper: _____ **Email:** _____

Reference Information

I am acquainted with the following Springfield Country Club Members:

Primary Sponsor _____ for _____ years

Secondary _____ for _____ years

Credit Card Information

Type _____ Card No: _____

Expiration Date _____ Security Code _____

Name on Card _____

Telephone No. Associated w/Card _____

Billing Address for Card _____

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Member #3 - Personal Information

*Name _____

Primary Address _____
Street City State Zip Code

Winter Address _____
Street City State Zip Code

Home Telephone Number _____ Cell _____

*Date of Birth _____ Email _____

Single _____ Married _____ Divorced _____ Widowed _____

Business Information

Applicant's Occupation _____

Name of Company _____ Title _____

Business Address _____
Street City Zip

Business Telephone Number _____ Fax _____

Length of Service with this firm _____ Email _____

Spouses Occupation _____

Name of Company _____ Title _____

Business Address _____
Street City Zip

Business Telephone Number _____ Fax _____

Years in Employment _____ Email _____

Statement / Correspondence Preference

I prefer to receive my monthly billing and correspondence at _____ Home _____ Business _____
Paper: _____ Email: _____

Reference Information

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Primary Sponsor _____ for _____ years

Secondary _____ for _____ years

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Name on Card _____

Telephone No. Associated w/Card _____

Billing Address for Card _____

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Member #4 - Personal Information

*Name _____

Primary Address _____
Street City State Zip Code

Winter Address _____
Street City State Zip Code

Home Telephone Number _____ Cell _____

*Date of Birth _____ Email _____

Single _____ Married _____ Divorced _____ Widowed _____

Business Information

Applicant's Occupation _____

Name of Company _____ Title _____

Business Address _____
Street City Zip

Business Telephone Number _____ Fax _____

Length of Service with this firm _____ Email _____

Spouses Occupation _____

Name of Company _____ Title _____

Business Address _____
Street City Zip

Business Telephone Number _____ Fax _____

Years in Employment _____ Email _____

Statement / Correspondence Preference

I prefer to receive my monthly billing and correspondence at _____ Home _____ Business _____
Paper: _____ **Email:** _____

Reference Information

I am acquainted with the following Springfield Country Club Members:

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Credit Card Information

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Member #5 - Personal Information

*Name _____

Primary Address _____
Street City State Zip Code

Winter Address _____
Street City State Zip Code

Home Telephone Number _____ Cell _____

*Date of Birth _____ Email _____

Single _____ Married _____ Divorced _____ Widowed _____

Business Information

Applicant's Occupation _____

Name of Company _____ Title _____

Business Address _____
Street City Zip

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