

# *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.

## 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 30<sup>th</sup>.**

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Age of oldest **golfer** Member shall determine appropriate membership classification.

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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**

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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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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

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

Signature of Nominee: \_\_\_\_\_

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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 \_\_\_\_\_  
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**Reference Information**

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

Signature of Nominee: \_\_\_\_\_

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Assigned Account Number \_\_\_\_\_

**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 \_\_\_\_\_  
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Business Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

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Secondary \_\_\_\_\_ for \_\_\_\_\_ years

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Assigned Account Number \_\_\_\_\_

**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*

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 \_\_\_\_\_

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Signature of Nominee: \_\_\_\_\_

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