

Somerset Country Club

Application for Membership – Non Resident – To the Board of Governors of Somerset Country Club:

I hereby ____ apply / ____ reapply for membership in the Somerset Country Club. For new applicants, if you were referred, please note by whom _____

Name: _____ Date of Birth: _____

Home Address: _____

City, State, Zip: _____

Business Address: _____

City, State, Zip: _____

Home Phone: _____ Business Phone : _____ Cell Phone: _____

E-mail _____ Billing e-mail _____

Occupation or Profession _____

Marital Status _____ Name of Spouse/Partner _____

Names and Birthdates of Children Residing with you:

<u>Name</u>	<u>Birth Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

If elected to membership, I agree to abide by the By Laws and Rules and Regulations governing the operations of the Somerset Country Club. I agree to pay all charges, including House Charges, Dues, and any Assessments levied in accordance with the By Laws. I understand that my application for membership is subject to approval by the Board of Governors.

_____	_____
Signature of Applicant	Date Signed

The above application was approved by the Board of Directors at the meeting of _____, 20_____.

Three signatures Required.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

NON RESIDENT FEES

\$500 Bond in Escrow? Yes ___ No ___
 \$_____ Applying for \$500 Bond Yes ___ No ___

	CODE	MEMBERSHIP TYPE	ANNUAL DUES	MONTHLY BILLING	FOOD/BEVERAGE MINIMUM
BONDHOLDER					
___#3		Bond Full Membership	\$1620.00	\$135.00	\$300.00
___		*Add Family Golf Plan	\$360.00	\$30.00	N/A
___#6		Bond Family Social	\$390.00	\$32.50	\$300.00
NON-BONDHOLDER					
___#10		Golf Only	\$1260.00	\$105.00	\$300.00
___		*Add Family Golf Plan	\$720.00	\$60.00	N/A
___#9		Junior Golf Only (under age 30)	\$1140.00	\$95.00	\$300.00
___		*Add Family Golf Plan	\$720.00	\$60.00	N/A
___#11		Student Golf	\$350.00	N/A	N/A
___#12		Family Social	\$300.00	\$25.00	\$300.00

Approved applicants will be billed monthly, unless fee is paid in full up front as requested by member.
 12 month membership is required.

New Applicant: A deposit check in the amount of \$_____ (one month's dues amount) has been enclosed.

Renewal Applicant: A check in the amount of \$_____ has been enclosed to cover:

___First Month's Dues ___Annual Dues Paid in Full

i

* *Family Golf Plan:* For immediate family only. Immediate family is defined as your spouse/partner and children under the age of 23 living at home and /or attending school full time.