

Somerset Country Club
Application for the Covid Chaos Discount Membership
To the Board of Governors of Somerset Country Club:

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 _____

Selection	Membership Type	Total	Monthly	Food & Beverage Min.
	Golf Membership	\$450	\$75	\$150
	Add Family Social	\$150	\$25	N/A

- **This is an introductory rate only. Regular rates will apply after December 2020.**
- **A commitment through December 2020 is required.**
- Food and beverage minimum of \$150.00 must be met by December 2020.
- Guests must be signed in by a valid member.
- Guests cannot purchase alcoholic beverages.

I hereby apply to the Somerset Country Club for a Covid Chaos Discount membership and if approved, 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 the Covid Chaos Discount membership requires a \$150.00 food and beverage minimum and that any unused balance at the end of the calendar year will be billed. Application 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