

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. Referred by: _____

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
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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

Voting Member \$500 _____

	CODE	MEMBERSHIP TYPE	ANNUAL DUES	IF BILLED MONTHLY	FOOD/BEVERAGE MINIMUM
BONDHOLDER					
_____#3		Bond Full Membership	\$1,818.00	\$151.50	\$300.00
_____		*Add Family Golf Plan	\$390.00	\$32.50	N/A
_____#6		Bond Family Social	\$486.00	\$40.50	\$300.00
NON-BONDHOLDER					
_____#10		Golf Only	\$1,416.00	\$118.00	\$300.00
_____		*Add Family Golf Plan	\$840.00	\$70.00	N/A
_____#9		Junior Golf Only (under age 30)	\$1,302.00	\$108.50	\$300.00
_____		*Add Family Golf Plan	\$840.00	\$70.00	N/A
_____#11		Student Golf	\$395.00	N/A	N/A
_____#12		Family Social	\$414.00	\$34.50	\$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*

** 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.*