

Somerset Country Club
Application for Wine and Dine 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 _____

Marital Status _____ Name of Spouse/Partner _____

Single Membership \$86.00 annually

Joint Membership \$130.00 annually

- Dues must be paid in full to validate membership. Membership valid One Full Year.
- No charge privileges, cash or credit card only.
- Food and beverage minimum \$300.00 per year.
- Three Guests permitted per visit.
- Guests must be signed in by valid member
- Guests cannot purchase alcoholic beverages.
- Guests are limited to three visits per year.

I hereby apply to the Somerset Country Club for a Wine and Dine 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 Wine and Dine membership requires a \$300.00 annual food and beverage minimum and that any unused balance at the end of the fiscal 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