

# ***Membership Agreement***

*Welcome to Crystal Lake Golf Club. We are pleased that you have chosen to be a member of our club .We will make an honest effort to provide you and all our members with the best quality golf course, amenities and service that we can provide. Please read the following agreement and fill out the pertinent information.*

**I hereby agree to the membership conditions at Crystal Lake Golf Course in Burrillville, Rhode Island.**

**My signature authorizes representatives of CLGC to accept or reject my application for whatever reasons at its sole discretion.**

**I agree to abide by the rules and regulations of the club which are modified from time to time and to pay appropriate fees as required by the type of membership I selected. I further understand that none of the fees paid are refundable, transferable or pro-rated for any reason. The exception is the Refundable Initiation Fee, which will be refunded (80%) on April 1 of the next year after a written resignation is presented to a CLGC Representative.**

**This completed application must be accompanied by full payment of initiation fee. And yearly dues must be paid by April 1 of the current year.**

**Acceptance to CLGC does in no way make the member responsible for any obligations of the Club or its affiliates. The applicant is in no way responsible for any deficits or operating losses.**

**The Club will offer a charge and monthly billing privileges to its members. A 1.8% interest rate will be added to monthly bills over 30 days.**

**I agree to conform to the rules of CLGC regarding payments of dues and monthly charges. Neglected bills of the member will result in suspension of member privileges.**

**Signature of Applicant** \_\_\_\_\_

# Membership Application

Applicant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Children's Names and DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

---

---

Type of Membership Desired \_\_\_\_\_ Amount Received \_\_\_\_\_

Date Received \_\_\_\_\_ CLGC Representative \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete this portion if requesting a Corporate Membership:**

Other participants in membership

Name \_\_\_\_\_

Position \_\_\_\_\_

Street \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

**The Company will pay (circle one in each column)**

**All Membership Fees  
Charges**

A portion (\$\_\_\_\_\_) of Fees

pay

**All Members' Monthly**

A portion (\_\_\_\_\_% ) of the monthly  
charges; balance paid by member

No monthly charges; members will  
all monthly charges

**Applicant's Signatures  
Officer:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be completed by Authorizing**

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_