



CYPRESS KNOLL GOLF & COUNTRY CLUB

New Members

2019 Membership Application

Applicant's Name _____

2nd Person's Name _____

Unmarried child under the age of 23 (if applying for family membership)

Name _____ Birth Date _____

Club Communications:

Phone: _____ Email: _____

I hereby elect the following membership options (circle desired options):

	<u>Individual Plans</u>	<u>2-Person² Plans</u>
<u>18-Hole</u>	<u>Golf Only with Carts¹</u>	<u>Golf Only.....with Carts¹</u>
	\$1,250.....\$2,500	\$2,250.....\$4,500
monthly payment plan ¹ \$215/mo \$389/mo
<u>9-Hole</u>	<u>Golf Only with Carts¹</u>	<u>Golf Only.....with Carts¹</u>
	\$625.....\$1,300	\$1,175.....\$2,450
monthly payment plan ¹ \$115/mo \$218/mo
<u>Seasonal Membership</u>	<u>Individual: \$150/mo</u>	<u>2-Person²: \$275/mo</u>
starting month: _____	\$300/mo (with Carts ¹)	\$550/mo (with Carts ¹)

Range Plans

Individual Range Plan\$350

2-Person² Range Plan.....\$595

All above prices subject to 7% sales tax

Additional Services:

Handicap Service \$20/pp

Golf Bag Storage \$48/yr

Thank you for supporting us!

\$ _____ total of options selected + \$ _____ tax = \$ _____ total to be paid

1. Unlimited cart use when playing golf for member only
 2. Family is 2 adults and 1 child up to age 23. Additional children on a range plan are \$250 each

All Members pay membership dues in advance for the then current membership month or year as applicable. The Club requires a valid Credit Card to be maintained on file if monthly billing or member charge privileges are requested. The balance on account plus monthly dues, if applicable, will be charged to your account on the first day of each month, plus or minus 3 days.

Facility & Cart Usage: I acknowledge that there is an inherent risk of injury while participating in activities at Cypress Knoll Golf & Country Club, and I fully accept any and all risk or injury to myself or my guests sustained while using Cypress Knoll Golf & Country Club facilities. In accepting the risk of injury, I understand that I am relieving Cypress Knoll Golf & Country Club, LLC, its members, directors, employees, and affiliates of liability. I also agree that I will not allow anyone under the age of 16 years of age and not in possession of a valid driver's license to operate any of the facility's golf carts. I assume full responsibility for damages incurred to the cart or other property as a result of my operation of a golf cart.

Local Address: _____

Billing Address: _____
(if different) _____

By signing this Annual Membership Form I hereby apply for an annual membership and agree to maintain my membership in good standing for the entire calendar year.

Credit Card information must be updated annually to remain valid.

Payment of Dues and Monthly Member charges:

I authorize Cypress Knoll Golf & Country Club, LLC to charge all membership dues, fees, and charges in accordance with the category of Membership and options selected above plus monthly charges billed to my account to the following Credit Card:

Name on Credit Card: _____

Card Type: Visa _____ Credit Card Number: _____
 Master Card _____ Expiration Date: _____ Security Code: _____
 Discover _____

Signature of Member

Date

Signature of Member

Date