

Application for Membership

The undersigned Applicant applies for an annual revocable license (the Membership) to use the Country Club of Mount Dora. If approved for Membership, the Applicant prefers that the following name be placed on the Membership Roster, as follows:



1900 Country Club Blvd • Mount Dora, FL 32757
Phone (352) 735-4059 • Fax (352) 735-1677

Applicant Information

Full Name (Please Print)

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Daytime Phone _____ Date of Birth _____ Marital Status _____

Email Address _____ Spouses Name _____ Spouses Date of Birth _____

Dependant Information (under 21 yrs old)

Name	Date of Birth	Charging Privileges
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact in case of Emergency _____ Phone Number _____

Credit Information

Credit Card Number _____ Expiration _____ Bill Card Monthly? Yes No

(If I do not pay my membership dues within 15 days of receipt you are authorized to charge my credit card on file.)

Membership Type

- | | | |
|----------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Single Club Social | <input type="checkbox"/> Single Golf & Trail (Member Cart) | <input type="checkbox"/> Single Seasonal (Dec 1-May 31) |
| <input type="checkbox"/> Family Club Social | <input type="checkbox"/> Family Golf & Trail (Member Cart) | <input type="checkbox"/> Family Seasonal (Dec 1-May 31) |
| <input type="checkbox"/> Single Social Golf | <input type="checkbox"/> Single Golf & Trail (CCMD Cart) | <input type="checkbox"/> Single Seasonal (Jun 1-Nov 30) |
| <input type="checkbox"/> Family Social Golf | <input type="checkbox"/> Family Golf & Trail (CCMD Cart) | <input type="checkbox"/> Family Seasonal (Jun 1-Nov 30) |
| <input type="checkbox"/> Single 9 Hole | <input type="checkbox"/> Single Weekday Golf | <input type="checkbox"/> Seasonal Club Social (4 Months) |
| <input type="checkbox"/> Single Social Rider | <input type="checkbox"/> Family Weekday Golf | |
| | <input type="checkbox"/> Single Weekend Golf | |
| | <input type="checkbox"/> Family Weekend Golf | |

The applicant agrees to authorize The Country Club of Mount Dora to investigate the Applicants credit history and agrees to be bound by the Golf Club Rules and Regulations. It is agreed that this Membership and all persons using the Golf Club under this Membership are bound by the Rules and Regulations of the Golf Club. The Applicant personally and unconditionally guarantees the payment of any and all dues and charges on his/her Membership account made by the Applicant or designated family member(s). All memberships are for 12 consecutive months. A 30 day written notice is to be given when canceling membership. Checks should be payable to The Country Club of Mount Dora.

Signature _____

Accepted this _____ day of _____ in the year _____