
M MEMBERSHIP APPLICATION

MEMBERSHIP APPLICATION FORM

I hereby apply for Membership, and the resultant rights and privileges therein. I prefer to be placed on the Membership Roster as follows:

Primary Name _____ Date of Birth _____

Billing Address _____

Primary Address _____

City _____ State _____ Zip _____ Phone _____

Email Address _____ Cell Phone _____ Online Access

Marital Status Single Married Other Anniversary Date _____

Company Name _____

Title _____ Length of Employment _____

Business Address _____

City _____ State _____ Zip _____ Phone _____

Spouse's Name _____ Date of Birth _____

Company Name _____ Email Address _____

Title _____ Length of Employment _____

Business Address _____ Cell Phone _____

City _____ State _____ Zip _____ Phone _____

Dependent Children (Unmarried children under age of 21) Date of Birth Sex Golf Tennis

I am applying for the following category of Membership: _____

Referring Member: _____ Member Number: _____

Initiation Fee \$ _____ Monthly Dues \$ _____

By signing below, you hereby certify that the information given on this application is true, correct and complete as of this date. **Any changes are to be submitted in writing.** You authorize *Bentwood Country Club and Estates* to make whatever inquiries necessary and appropriate in considering this Application. A photo copy of your valid driver's license is required upon application. The Undersigned agrees to conform, to and be bound by the Bylaws, and Rules & Regulations of the Club, as they may be amended at any time.

This Membership shall remain in force until canceled by the Member, in which a 30-day written notice shall be given, or by Bentwood Country Club at its' discretion.

Signature _____ Date _____

Accepted _____ Date _____

Bentwood Country Club offers a monthly ACH/debit authorization for your monthly statement balance.

Please fill out the following information below: Monthly EZ Pay ACH Member File Only

I. ACH/Automatic Draft Agreement

I hereby authorize Bentwood Country Club, LLC, to initiate entries to my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Bentwood Country Club is notified by me in writing to cancel it in such time as to afford The Company and The Financial Institution a reasonable opportunity to act on it. I also agree to keep and maintain a current credit card/bank account on file with the club at all times. SHOULD MY ACCOUNT BECOME DELIQUENT BY 61 DAYS OR MORE, I AGREE THE CLUB SHALL HAVE THE RIGHT TO BILL SUCH PAST DUE AMOUNTS TO MY ACCOUNT/CREDIT CARD, OR FACE POSSIBLE MEMBERSHIP TERMINATION.

Bank Name _____ **Routing Number** _____

Account Number _____ **OR**

Credit Card Number _____ **Exp Date** _____

Visa Mastercard American Express Discover

Signature _____ **Date** _____