



Deep Springs Country Club MEMBERSHIP APPLICATION

DATE: _____

MEMBER NUMBER: _____

PLEASE CHECK ONE MEMBERSHIP CATEGORY:

<input type="checkbox"/> FULL MEMBER	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> YOUNG EXECUTIVE FULL	<input type="checkbox"/> YOUNG EXECUTIVE
<input type="checkbox"/> NON-RESIDENT (40+ MILES)	<input type="checkbox"/> OUT OF STATE	<input type="checkbox"/> SOCIAL	<input type="checkbox"/>

LAST NAME		FIRST NAME		DATE OF BIRTH	
HOME ADDRESS			CITY	STAT _____ E	ZIP
HOME PHONE	CELL PHONE		EMAIL ADDRESS		
BUSINESS ADDRESS			CITY	STATE	ZIP
BUSINESS PHONE			BUSINESS EMAIL ADDRESS		

I prefer communications sent to: Personal Email _____ Business Email _____

DEPENDENT FAMILY MEMBERS* INCLUDE:

NAME	RELATION	PHONE	EMAIL ADDRESS	DATE OF BIRTH

*Dependent Family Member shall mean the member's spouse, a domestic partner, and any unmarried son or daughter, less than 22 years of age who is a dependent of and resides with said member, or an unmarried full-time student less than 26 years of age who is a dependent of said member.

COMMUNICATIONS AND STATEMENTS

Subject to approval by the Club and payment of fees and dues (dues pro-rated if applicable), I wish to have my membership become effective on:

_____ Date (within 30 days of application)

_____ Initial

If this application is not approved by the Club, all funds deposited herewith shall be immediately refunded. It is agreed that I may resign from the Club by giving thirty (30) days advance written notice to the Club and by paying all dues and other charges for which I may be liable, and I shall not thereafter be subject to any further dues or charges. It is further agreed this is not a stock.

AREAS OF INTEREST

Please check all that apply:

<input type="checkbox"/>	GOLF (MENS)
<input type="checkbox"/>	TENNIS (MENS)
<input type="checkbox"/>	SWIMMING
<input type="checkbox"/>	TOURNAMENTS

<input type="checkbox"/>	GOLF (LADIES)
<input type="checkbox"/>	TENNIS (LADIES)
<input type="checkbox"/>	WATER AEROBICS
<input type="checkbox"/>	DINING

<input type="checkbox"/>	GOLF (YOUTH)
<input type="checkbox"/>	TENNIS (YOUTH)
<input type="checkbox"/>	BRIDGE
<input type="checkbox"/>	SOCIAL

RULES AND REGULATIONS

As a member, I agree to conform to and be bound by the rules and regulations of the Club and understand they may be amended from time to time. Any rules violations subject the membership to revocation without refund.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Accepted

Denied

Approved Date: _____ Signed: _____

Deep Springs Country Club

12-MONTH COMMITMENT FORM

I hereby accept a one-year membership to join the DEEP SPRINGS COUNTRY CLUB. I fully understand that by accepting this option, I must maintain my membership account in good standing, under the membership category I choose, for a period of no less than 12 consecutive months from the date my membership begins. The one-year membership commitment may be cancelled prior to the maturity date as follows:

If cancelled within the first year of the commitment, a penalty payment of \$500 is required along with the resignation of membership from the DEEP SPRINGS COUNTRY CLUB.

At the end of the 12-month agreement the membership will automatically renew on a month to month basis and resignation from the club can be given with a 30-day written notice where if the resignation notice reaches us by the 5th of the month, the resignation will be effective at the end of that month. No refunds will be given for partially used periods of dues or services.

Signature: _____

Printed Name: _____

Date Signed: _____ Maturity Date: _____
(staff use only)

SPONSOR RECOMMENDATION

I hereby present this certificate to

_____.

I understand that the prospective member must be approved by Deep Springs Country Club.

DSCC Member Sponsor Printed Name

DSCC Member Sponsor Signature