



El Campo Country Club  
**Membership Application**  
Corporate

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Number in Family: \_\_\_\_\_

Name(s) of Children & Age: \_\_\_\_\_

Initiation \$350.00  
One Share of Stock \$650.00  
Total \$1000.00

Minimum Down Payment is \$1000.00 plus first month's dues of \$115.83 for each corporate member. There are a minimum of 3 and maximum of 5 corporate members. Only one member will have voting rights.

I understand the initiation fee is non-refundable in the event of termination of membership.

I (We) hereby request membership in the El Campo Country Club. My (Our) check in the sum of \$1000.00 plus \$115.83 for each corporate member is attached and will be held for deposit until acceptance or non-acceptance by the Membership Committee of El Campo Country Club.

I wish to offer the following references (Club members preferred).

1. \_\_\_\_\_ Address \_\_\_\_\_

2. \_\_\_\_\_ Address \_\_\_\_\_

Applicant's signature below indicates agreement and understanding of the terms above. Applicant understands that his or her monthly billing will be one month's dues (\$107.00+\$8.83 tax presently) for each corporate member plus additional \$10.00 monthly food assessment, which is refundable with \$10.00 Clubhouse food purchase.

Applicant's Signature \_\_\_\_\_

Board (Committee) Use Only:

Committee Action \_\_\_\_\_ Date: \_\_\_\_\_ Member # \_\_\_\_\_

Pro Shop 979-543-6592 • Fax 979-543-9725 • Clubhouse 979-543-2531

[www.elcampocountryclub.com](http://www.elcampocountryclub.com)