

NON STOCKHOLDER (out-of-county)

EL CAMPO



COUNTRY CLUB

Date: _____

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____

Cell Phone: _____ Spouse Cell Phone: _____

Email Address: _____

Spouse Name: _____

Names of Children & Age: _____

Initiation: \$350.00

Total: \$350.00

Minimum Down Payment is **\$350.00** plus first month's dues of **\$182.00**.

I (We) hereby request membership in the El Campo Country Club. My (Our) check in the sum of **\$532.00** 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 referred).

1. _____
2. _____

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 (**\$168.13 + \$13.87 tax presently**), plus additional \$15.00 monthly food assessment, which is refundable with \$15.00 Clubhouse food purchase.

Applicant's Signature: _____

Board Committee Use Only

Action: _____ Date: _____ Member #: _____