

Carroll Country Club



Date ____/____/____

Name _____

Member Birth Date ____/____/____

Spouse's Name _____

Spouse Birth Date ____/____/____

Children's Names _____

Address _____

City _____

State _____ Zip _____

Primary Phone Number _____

Secondary Phone Number _____

Primary Email Address _____

Secondary Email Address _____

- Will you accept monthly billing statements via primary email? _____ yes _____ no
 - Will you accept monthly newsletter via email? _____ yes _____ no
 - Will you accept weekly reminders via email? _____ yes _____ no
 - Will you accept text message reminders? _____ yes _____ no
- If yes, what phone number (s) _____

1. Stock Fee:

_____ \$100 for Golf Members only (optional under the age of 36)

2. Type of Membership Applying for:

- Full Membership (70 & older): _____ \$162 Month
- Full Membership (36-70): _____ Single \$178 Month _____ Family \$220 Month
- Full Membership (30-35): _____ Single \$144 Month _____ Family \$166 Month
- Full Membership (under 30): _____ Single \$112 Month _____ Family \$134 Month
- Non-resident Membership (20+ miles): _____ Single \$123 Month _____ Family \$123 Month
- Social Membership: _____ Single \$28 Month _____ Family \$49 Month
- Junior Membership: _____ (Summer only for 22 years old or less) \$250 Annually

Please bill Golf/Social dues: _____ Monthly _____ Annually

3. Club Improvement Fund:

_____ \$10 per month for Golf Members

_____ \$5 per month for Social Members

Please bill Club Improvement Fund Charge: _____ Monthly _____ Annually

4. Food Minimum:

_____ \$30 per month for Family Members

_____ \$20 per month for Single Members

_____ Pay food minimum annually and spend it quarterly (\$360 for families and \$240 for singles)

(No requirement for non-residents members, members 75 and over, and students)

5. Services:

_____ Cart Storage _____ Range Membership _____ Locker Rental
_____ Cart Lease _____ USGA Handicap _____ Bag Storage

(Identify if husband and wife want service. Charges vary for each service.)

6. Auto Gratuity: If you would like a gratuity added to your dining and bar tickets automatically, please indicate which percentage you prefer (10, 15, 17, 18, or 20%) _____%

7. Auto Debit: If you would like your monthly statement of charges automatically withdrawn from checking or savings account fill out the following and include a voided check or deposit slip.

- Bank Name _____
- Address _____ City _____ State _____
- Routing/ABA No. _____ CHECKING or SAVINGS
- Account Number _____

Signature _____ Print Name _____ Date _____

Member Sponsor (if applicable) _____
