A picture containing clipart

Description automatically generatedA close up of a logo

Description automatically generated

**COOSA PINES/SCC MEMBERSHIP APPLICATION:**

***Membership Category List with price and description:***

**SINGLE MEMBERSHIPS (FOR EITHER COOSA PINES OR SCC):**

**Full Membership** (for individuals & immediate family members - spouses or dependents under the age of 21) - $155.00 per month

**Junior Membership** (for people 21 - 30 years of age) - $125.00 per month

**Out of Town Membership** (for people who live a distance > 25 miles from the Sylacauga Country Club OR Coosa Pines) - $125.00 per month

**Public Service** (Police/Fire/Military - MUST HAVE APPROPRIATE I.D. PROOF) - $125.00 per month

**DUAL MEMBERSHIPS (FOR BOTH COOSA PINES AND SCC)**

**Full Membership** (for individuals & immediate family members - spouses or dependents under the age of 21) - $180.00 per month

**Junior Membership** (for people 21 - 30 years of age) - $150.00 per month

**Out of Town Membership** (for people who live a distance > 25 miles from the Sylacauga Country Club AND Coosa Pines) - $150.00 per month

**Public Service** (Police/Fire/Military - MUST HAVE APPROPRIATE I.D. PROOF) - $150.00 per month

I wish to apply for membership at (circle **one** or **both** for ***DUAL*** membership):

COOSA PINES SYLACAUGA COUNTRY CLUB

**Category of Membership** for which you wish to apply (check one):

**Full Out-of-Town Junior Public Service\***

\*If you are applying for a public service membership, please attach proper current identification to membership application.

**APPLICANT INFORMATION**(please type or print)**:**

**Full name of applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include all immediate family members who you wish to allow to charge to your account and participate in the benefits of your membership.** (PLEASE NOTE: IMMEDIATE FAMILY MEMBERS ARE LIMITED TO YOUR SPOUSE AND CHILDREN UNDER THE AGE OF 21 OR DEPENDENTS ENROLLED IN COLLEGE UNDER THE AGE OF 23.)

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to primary applicant: \_\_\_\_\_\_\_\_ D/O/B: \_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to primary applicant: \_\_\_\_\_\_\_\_ D/O/B: \_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to primary applicant: \_\_\_\_\_\_\_\_ D/O/B: \_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to primary applicant: \_\_\_\_\_\_\_\_ D/O/B: \_\_\_\_\_\_\_

**Contact Information:**

(Primary Residence)

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any other club or group affiliations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referred by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acquiesce to the proposal of my name for membership in the Sylacauga Country Club, LLC. and/or Coosa Pines Golf Course; and make the previous following statements in connection therewith:

I understand that rejection of this application may be made without explanation to me.

I the undersigned do hereby make a commitment to pay dues as a member of Coosa Pines and/or SCC for ONE YEAR from the day of this contract’s beginning date.

I understand that my first month’s membership dues are owed at the time of membership approval. I also understand that I may be subject to an increase in monthly membership dues at the conclusion of the year, each year.

I further understand that the following clauses will apply to my membership, if approved:

1.) Failure to adhere to the By-Laws and rules set forth by Sylacauga Country Club, LLC and/or as they are now or as hereafter amended may result in the forfeiture of my membership.

2.) Payment in full for prior month charges is due and payable by the 15th of the following month. Any check returned “insufficient funds” will result in a $35.00 returned check fee and may be justifiable cause for forfeiture of membership.

3.) I will be responsible for any debts incurred by myself, family members or my guests for charges to my account at Sylacauga Country Club, LLC and/or Coosa Pines Golf Course. In the event that services of an attorney are required to collect any delinquent monies, I will be liable for all attorney fees and collection costs.

4.) All changes to membership status must be in writing.

5.) Failure to pay monthly dues and/or any other charges at the time that they are owed will be justifiable cause for the forfeiture of my membership.

Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_