



MEMBERSHIP APPLICATION

Mr. Mrs. Miss Dr.

Applicant Name Date of Birth (mm/dd/yyyy) Social Security Number

Mr. Mrs. Miss Dr.

Spouse/Companion Name Date of Birth (mm/dd/yyyy) Social Security Number

Primary Address City State Zip

Secondary Address (If applicable) City State Zip

Phone Number

Email Address(es)

THE CLUB AT EAGLEBROOKE MEMBER REFERENCE

Name Member #

EMERGENCY CONTACT INFORMATION

Name of contact in case of emergency Phone Number

Name of contact in case of emergency Phone Number

FAMILY INFORMATION - UNMARRIED CHILDREN UNDER 23 LIVING AT HOME

Name Date of Birth (mm/dd/yyyy)

Name Date of Birth (mm/dd/yyyy)

Name Date of Birth (mm/dd/yyyy)

MEMBERSHIP INFORMATION

Single / Family

Membership Category _____

Membership Type (circle one) _____

Date you wish membership to begin (mm/dd/yyyy) _____

Signature of Applicant _____

Date (mm/dd/yyyy) _____

I/We hereby apply for membership. I/We have reviewed and agree to abide by the By-Laws, Rules and Regulations, and Terms/Conditions of membership of The Club. Membership dues are non-transferable and non-refundable.

Please Initial _____

BILLING INFORMATION

Initiation fees/membership dues will be charged to member account at the end of each month. Other charges including (but not limited to) cart fees, guest fees, restaurant/beverage cart charges, etc. may be charged to member account given a SSN# was provided. Statements including these charges will be sent out by email the first week of the following month to be due by the 20th. If card information is provided for EZPay automatic billing, the card on file will be charged on the 20th of each month for the previous month's ending balance. If there are any questions about a statement or disputes, member is to email billing@eaglebrooke.com.

I/We understand the schedule of dues and fees for the category of membership I/we am/are applying for.

Please Initial _____

CARD INFORMATION - EZPAY AUTOMATIC BILLING

Type of Card _____

Card Number _____

Expiration Date (mm/yy) _____

I/We give permission to The Club at Eaglebrooke to keep this card on file for automatic billing. I/We understand this card will be charged on the 20th of every month given my account with the club has an active balance.

Please Initial _____

MEMBERSHIP AGREEMENT

Thank you for joining The Club at Eaglebrooke. We require that you maintain your membership in good standing for a minimum of 12 months* (3 months for seasonal membership, 6 months for junior membership) from the time that you join. Our regular policy of a 30-day written notice is required for resignation. We hope to have you as a member for many years to come.

Signature of Applicant

Date (mm/dd/yyyy)

FOR OFFICE USE ONLY

Received by _____

Applicant Approved (Date)

Reviewed by _____

Membership Number Assigned