



Baywood Golf & Country Club MEMBERSHIP APPLICATION

DATE _____

MEMBER NAME (PLEASE PRINT) _____ DATE OF BIRTH _____

PHONE NUMBER _____ EMAIL _____

SOCIAL SECURITY _____ DRIVERS LICENSE _____

HOME ADDRESS _____ CITY, STATE, ZIP _____

OCCUPATION _____ BUSINESS NAME _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

SPOUSE/SO NAME _____ D.O.B. _____ EMAIL _____

SPOUSE/SO OCCUPATION _____ CELL PHONE _____

NAME (S) AND BIRTHDAY (S) OF CHILDREN IN HOUSEHOLD (24 & UNDER):

NAME _____ DATE OF BIRTH _____ NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____ NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____ NAME _____ DATE OF BIRTH _____

(ALL RATES LISTED ARE PER MONTH DUES):

- JUNIOR (18 & UNDER) \$75 JUNIOR (19 - 23) \$100 INDIVIDUAL \$250 NON-RESIDENT \$100
- FAMILY \$320 SOCIAL \$135 GOLD GOLF \$420
- BUSINESS/ CORPORATE (PLEASE PRINT NAMES BELOW BASED OFF OF WHICH MEMBERSHIP THE EMPLOYEE WOULD LIKE)

Gold Golf Membership \$420 per month 1 _____ 2 _____ 3 _____

Social Membership \$100 per month 1 _____ 2 _____ 3 _____

Family Golf Membership \$250 per month 1 _____ 2 _____ 3 _____

Individual Golf Membership \$200 per month 1 _____ 2 _____ 3 _____

SEND BILLING TO: ADDRESS EMAIL

HOW YOU HEARD ABOUT BAYWOOD: TELEVISION AD RADIO AD ATTENDED EVENT

REFERED BY _____



Baywood Golf & Country Club

MEMBERSHIP APPLICATION

BAYWOOD GOLF & COUNTRY CLUB MAY OBTAIN INFORMATION FROM THE CREDIT BUREAU OR ANY OTHER INVESTIGATIVE AGENCY OR PERSON PERTAINING TO MY CREDIT, FINANCIAL RESPONSIBILITY, OR CHARACTER. I AGREE TO ABIDE BY ALL RULES AND REGULATIONS AS SET FORTH BY BAYWOOD GOLF & COUNTRY CLUB.

****IF YOU DECIDE TO DISCONTINUE YOUR MEMBERSHIP YOU ARE RESPONSIBLE TO SUBMIT A WRITTEN LETTER TO THE OFFICE AT BAYWOOD, NOT DOING SO COULD RESULT IN ADDITIONAL CHARGES TO YOUR ACCOUNT. AFTER RESIGNING WITH BAYWOOD GOLF & COUNTRY CLUB YOU FORFEIT A RENEWAL OF CONTRACT FOR A MAXIMUM OF ONE YEAR. BAYWOOD GOLF & COUNTRY CLUB MAY OBTAIN INFORMATION FROM THE CREDIT BUREAU OR ANY OTHER INVESTIGATIVE AGENCY OR PERSON PERTAINING TO MY CREDIT, FINANCIAL RESPONSIBILITY, OR CHARACTER. I AGREE TO ABIDE BY ALL RULES AND REGULATIONS AS SET FORTH BY BAYWOOD GOLF & COUNTRY CLUB**

SIGNATURE _____ SPOUSE/SO SIGNATURE _____

WOULD YOU LIKE TO SIGN UP FOR AUTOMATIC PAYMENTS? No Yes *IF YES: PLEASE FILL OUT INFO BELOW*

AUTOPAY AUTHORIZATION

I (we) hereby authorize Baywood Golf & Country Club to initiate debit entries to my (our) bank account or credit card. I have selected below (choose **ONE** form of withdrawal), at the financial institution listed below for the collection of my monthly membership which includes any food, drink and golf charges.

CREDIT CARD INFO: _____ EXP: _____ CVC: _____

OR

ACH (BANK TO BANK): ROUTING # _____ ACCT. # _____

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL BAYWOOD HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER TO AFFORD BAYWOOD AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT.

~FOR OFFICE USE ONLY~

MEMBERSHIP RATE _____ DISCOUNT _____ DATE APPROVED BY BOARD _____

MEMBERSHIP # _____ INITIATION FEE _____

METHOD OF PAYMENT _____ STOCK REQUIRED _____