



# SOUTHERN Oaks Country Club

## Membership Application & Dues Agreement

Member # \_\_\_\_\_  
Join Date: \_\_\_\_\_  
Exp Date: \_\_\_\_\_  
Initials: \_\_\_\_\_

### Type of Memberships

Full Membership \$195 per month      Single Membership \$145 per month      Social Membership \$50 per month      Active Military \$99 per month (single)  
\$149 per month (family)

### Personal Information

Name: \_\_\_\_\_ Married \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Home Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Street City State Zip  
Business Phone: \_\_\_\_\_  
Years in Present Employment: \_\_\_\_\_

### Spouse Information

Name: \_\_\_\_\_ Single \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Home Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Street City State Zip  
Business Phone: \_\_\_\_\_  
Years in Present Employment: \_\_\_\_\_

Please list your dependent children under the age of 23. If over 18, child must be enrolled in school or living at home.

<u>Name</u>	<u>Date of Birth</u>	<u>Male</u>	<u>Female</u>

**Reference Information**

I was referred by the following Southern Oaks Country Club Member: \_\_\_\_\_

Payment Information

Initiation Fee	\$ _____	_____ I wish to have my bill charged to my credit card:
		__ Visa __ MasterCard __ Discover __ American Express
DUES	\$ _____	Credit Card # _____ Exp. Date _____
Subtotal	\$ _____	_____ I wish to pay my bill by check each month
Sales Tax (9.5%)	\$ _____	_____ I wish to pay my bill with cash each month
TOTAL	\$ _____	

I wish to receive my monthly statements at my: \_\_\_\_\_ Current address \_\_\_\_\_ Current Email address

FOR MONTHLY PAYMENTS: I have included my first month's payment with this application. I agree that I am responsible for payment each month, in full, of the current month's dues plus any charges incurred on my account from the prior month by the 15 of each month. If bills are not paid in full within 60 days, my membership will be terminated and the account balance, along with the remaining financial obligation will be turned over to Small Claims. Early termination will be review by the Management and the Ownership Group if a job transfer/move within a 50 mile radius, disabled, sick or injury exceeding thirty (30) consecutive days or active military services. A 30 day written notice must be received by SOCC in order for any of the previously mentioned conditions to be reviewed /or granted. All decisions regarding early termination will be in the sole and absolute discretion of the Southern Oaks Country Club.

AUTHORIZATION: I hereby acknowledge that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the Rules & Regulations of Southern Oaks Country Club. If any of my information should change, I understand that it is my responsibility to inform SOCC in a timely manner.

I understand that any initiation fee is non-refundable. I acknowledge that this contract is binding until December 31, 2021. On January 1, 2022, a new contract will be signed.  
dues structure.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing Southern Oaks Country Club.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_