

Membership Application



Personal Data

Membership Type: Golf Clubhouse

Applicant's name _____ Date of Birth _____ Social Security Number _____

Marital Status: Single Married

Spouse's name _____ Date of Birth _____ Social Security Number _____

Unmarried children, living with applicant, under the age of 21

Name _____ Date of Birth _____

1. _____

2. _____

3. _____

4. _____

Address (Primary residence) _____ City _____ State _____ Zip _____

Phone _____ Email _____

Business Data

Business name _____ Title _____

Address _____ City _____ State _____ Zip _____

Spouse's Business name _____ Title _____

Address _____ City _____ State _____ Zip _____

May we publish your name, contact info, business information in our member roster: Yes No

Membership Dues Billing Options (select an option below. *Post March 1st sign up requires dues to be paid up front in full as an Annual payment*)

Annual: payment in Feb **Bi-Annual:** payments in Feb and June

Credit Card Authorization

Enclose Membership Application in an envelope to keep below information secure. Mail or place in front office drop box. Email to pinnaclecc@stanrick.net.

Credit Card Information		
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Cardholder Name (as shown on card):		
Card Number:		
Expiration Date (mm/yy):	3-digit code:	Billing Zip:

I, _____, authorize Pinnacle Country Club to charge my credit card above for agreed upon purchases. Pinnacle Country Club can charge payment for debt unsettled past two billing periods. (Example: Unpaid April 1st-30th charges will be automatically settled on July 1st/first working day of the new month through credit card payment.) I understand that my information will be saved to file for future transactions on my account.

_____ _____
Applicant Signature Date

Automatic Payments for Monthly Statements

Yes, use Bank Account **Yes, use Credit/Debit Card** **No**

*Credit/debit cards are charged a 3% convenience fee.

Bank Name	
Routing # (9 digit)	
Acct # (4-17 digit)	

Late Payment & Automatic Membership Renew

We, the undersigned, believe the above information to be true and accurate to the best of our knowledge. We acknowledge receipt, understanding, acceptance of the information contained in the Yearly Membership Application and attachments. We further understand that any charges on our account and contracted yearly dues spread over 12 months and applied monthly from January through December are subject to 2% interest over 30 days old. This contract automatically renews yearly unless written notice is received by December 31 of the current year.

X _____
Applicant Signature Date

X _____
Spouse Signature Date