



Agreement for Membership

Member Name _____ Employer _____

Email Address (PLEASE PRINT LEGIBLE) _____ Date of Birth ____/____/____

Billing Address _____ City _____ State _____ Zip _____

Phone #(s) Cell _____ Work _____ Home _____

Spouse Name _____ Spouse Email _____

Qualified Dependents

(Your children under 18 years of age residing at the address above or under 23 and attending college)

Name & DOB: _____ Name & DOB: _____

Name & DOB: _____ Name & DOB: _____

Membership Classification	Monthly Without Cart Plan	Monthly With Cart Plan (use of club cart or private cart)
Age 19 - 34	\$280__	\$360__
Age 35 - 64	\$340__	\$420__
Age 65 & over	\$310__	\$390__
Initiation Fee	\$2,400	\$2,400

Membership includes unlimited range balls, use of 24/7 fitness center, pool & tennis/pickleball courts. Our unlimited use cart plan or personal cart trail fee is optional.

\$2,400 Initiation Fee Payment (check and initial one selection)

Full payment submitted with application _____ Payable in twenty-four \$100 monthly installments _____

Choice of form of payment to process monthly charges

Automatic Bank Draft Payment (ACH) Authorization (attach voided check)



Financial Institution Name _____

Account Number _____ Routing Number _____

Debit or Credit Card Draft (3% processing fee will be added with this form of payment)

Card Number: _____ Exp Date: _____ CVV _____

Copy of Driver's License Received _____

Will you need membership ID cards for use at our Sports & Activity Center? _____

Will you need key fobs for 24-hour access to our Fitness Center? _____

As a member, I agree to promptly pay all account balances. If my account remains unpaid during the month it is issued, a \$30 late fee will be charged each subsequent month. If the monthly draft is returned an additional \$30 fee will be processed. If my account balance becomes sixty (60) days overdue, my membership privileges will be suspended until the account is brought current. Additionally, I will be responsible for any fees and costs incurred by Castlewoods Country Club if collection proceedings are initiated to recover amounts owed.

Please note that Castlewoods Country Club is a non-equity, private club owned by Castlewoods Intermed Company, LLC. Membership privileges are subject to the Rules and Regulations established by the Owners.

By signing below, I acknowledge that I assume all risks associated with using the club. Castlewoods Country Club and its members will not be held liable for any loss, injury, or damage to person or property related to club usage by myself, my guest(s), or family members. Ownership of the golf course and other club facilities remains vested solely in the Owners. I also accept responsibility for the reasonable care of club facilities and equipment when used by myself, my family, and guests. Castlewoods Country Club reserves the right to terminate the membership of any member who fails to comply with club rules, regulations, and policies or engages in conduct deemed improper or against the best interest of the club.

If I choose to pay the initiation fee of \$2,400 in monthly installments of \$100 and decide to cancel my membership before I've paid the full amount, I will be responsible for paying the remaining balance at the time of submitting my written cancellation.

My membership will automatically bill each month until I provide a thirty-day advance written notice of cancellation. Upon resignation, I will be responsible for settling all outstanding dues or charges. There is no proration of dues for a partial month or refund of initiation fees.

Castlewoods Country Club guidelines:

- * All food and beverages must be purchased exclusively from Castlewoods Country Club.
- * All players, including those with private carts, must register at the pro shop before starting play.
- * Players are expected to repair ball marks on the greens and sand divots. Bunkers should be raked after use.
- * Proper attire is mandatory for the golf course and practice areas. Swim attire, tank tops and cut-off shorts are not permitted.

Membership is subject to approval by the board. By signing below, I certify that I have read, fully understand, and accept responsibility for all the terms and conditions outlined in this membership agreement.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____

Castlewoods Representative _____ Date _____