



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: _____

Initiation Fee \$2,400 Date Paid ____/____/____ Accepted _____ Waived _____ Initial _____
(not due with 24-month agreement)

24 Month Agreement Date Signed ____/____/____ Copy of Driver's License Received _____

Do you want membership ID cards for use at our Sports & Activity Center? _____

Do you want key fobs for 24-hour access to our Fitness Center? _____

<u>Membership Classification</u>	<u>Monthly Dues</u>
Age 19 - 27	\$200__
Age 28 - 34	\$280__
Age 35 - 64	\$340__
Age 65 & over	\$310__



Membership includes Golf Course & Practice Facilities,
24/7 Fitness Center, Pool & Tennis/Pickleball Courts.

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 to member each monthly with this form of payment)

Card Number: _____ Exp Date: _____ CVV _____

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 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 attorney 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 waive the initial initiation fee of \$2,400.00, I commit to maintaining my membership in good standing for a continuous period of twenty-four months. Should I decide to resign or suspend my monthly dues obligation before the twenty-four-month period concludes, I will be liable for either the remaining terms of the agreed membership or the full waived initiation fee of \$2,400.00.

At the end of the twenty-four-month agreement, my membership will automatically renew unless I provide a thirty-day written notice of cancellation before the agreement expires or at any time thereafter. 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 _____