

# RAYBURN COUNTRY'S CLUB MEMBERSHIP FORM

## APPLICANT INFORMATION

Name:

Date of Birth:

Phone:

Current Address:

City:

State:

Zip:

Email:

## PAYMENT METHOD AND SCHEDULE

Type of Membership:

Driving Range Plan:

Yes

No

EZ Pay:

Yes

No

CC#:

Expires:

Initiation Fee:

Date Membership Signed:

Payment Schedule:

Yearly

Monthly

Promo If Any:

## EMERGENCY CONTACT

Name:

Address:

Phone:

City:

State:

Zip:

Relationship:

## SPOUSAL INFORMATION IF JOINT MEMBERSHIP

Name:

Date of Birth:

Phone:

## CHILDREN (UNDER 23 YEARS OF AGE) IF MEMBERSHIP PRIVILEGES DESIRED

Name:

Name:

Name:

Name:

## DEFAULT AND LATE PAYMENTS

**THIS IS A 12 MONTH CONTRACT.** IF YOU ARE BEING BILLED ON A MONTHLY CYCLE, MEMBERSHIP PAYMENTS ARE COLLECTED WITHIN 10 DAYS FOLLOWING THE RECEIPT OF YOUR STATEMENT. YOU WILL BE NOTIFIED IF WE ARE UNABLE TO COLLECT PAYMENT. ANY MEMBER WITH DELINQUENT DUES 3 MONTHS OR MORE, WILL BE INACTIVATED AND THEIR ACCOUNT SENT TO COLLECTIONS. WITHIN THE FIRST 12 MONTHS OF MEMBERSHIP, THERE IS A \$500 FEE TO CANCEL SAID MEMBERSHIP (\$150 FOR PDP OR SOCIAL). THIS MEMBERSHIP WILL ROLL OVER TO MONTH-TO-MONTH PAYMENTS STARTING THE MONTH FOLLOWING YOUR ONE YEAR ANNIVERSARY. AT THAT TIME, A 30 DAY WRITTEN NOTICE MAY BE GIVEN TO CANCEL THE MEMBERSHIP WITHOUT PENALTY.

Referred by:

## SIGNATURES

I authorize the verification of the information provided on this form as to my credit, address and employment.

Signature of applicant:

Date:

Membership Director:

Date:

Please contact Libby Mullins at 409-698-1017 or [lmullins@rayburnclub.com](mailto:lmullins@rayburnclub.com) for information.