



2017 MEMBERSHIP APPLICATION

Return to: Ligonier Country Club, PO Box 597, Ligonier, PA 15658
Phone: 724-238-7620 Fax: 724-238-3464 contact@ligoniercountryclub.com

Applying for (please check one):

Single Golf Family Golf Social Non-Resident Evening Dues: \$ _____

I am including the following fees Please Bill the following fees:

Locker: \$70 March 31st (deduct \$10 for each following month; double for family) \$ _____
*Required for all golfers; optional for all other categories

Handicap System \$25 (optional) \$ _____

Filing Fee \$ 25.00

Application must be accompanied by payment of dues in full unless other arrangements Total Paid: \$ _____

Please Print: (*Required) Date of Application: _____

*Name _____ *Date of Birth ____/____/____

*Home Address _____

Billing Address (if Different) _____

*Phone No ____/____/____ Cell/Alt No ____/____/____ Work No ____/____/____

*Email: _____ No Email Address Please mail newsletter

Spouse's Name _____ Date of Birth ____/____/____ *Required for Family Membership
Email: _____

Children's Name _____ ____/____/____ _____ ____/____/____
& Birth Date _____ ____/____/____ _____ ____/____/____

May your children sign on your account? Yes No

Occupation _____ Name of Business & Address _____

Statement Options: Email Statement Mail Statement Both Please mail statement to work address

*Membership Agreement

To the Board of Governors:
I/We hereby make application for membership to Ligonier Country Club, granting you the authority to verify the above information and:

- Agree to be governed by the by-laws and all rules and regulations of the Club and to pay all fees and charges.
- Understand that **Membership Renews Yearly**, until notice is received in writing by the office.
- Have read and understood all definitions, restrictions and fees that apply to my/our chosen membership category.
- Understand that we will be notified within 30 days of the status of our application.

IN WITNESS WHEREOF and intending to be legally bound hereby, I/We have executed this Agreement this ____ day of _____, 20____.

Signature of Applicant _____ **Date:** _____

Signature of Applicant _____ **Date:** _____

Referred/Sponsored by: Previously a Member

I recommend this applicant for membership at Ligonier Country Club.

Print Name Signature Date

For Club Use Only

Date Received: _____ CC ____ Cash ____ Check no.: _____ Approved by Board of Directors: _____ Membership number: _____



Post Office Box 597 ~ Ligonier, PA 15658 ~ contact@ligoniercountryclub.com ~ 724-238-7620

Credit Card Authorization Form

If you would like to enjoy the convenience of automatic payments, simply complete and sign this form. All requested information is required. This automatic payment authorization may be canceled at any time by notifying the office in writing. A new form must be submitted to change or update your card number.

Card Information

Credit Card Type: ___ Visa ___ MasterCard

Card Number: _____

Exp. Date: ___/___ CVV # _____ (three digits on reverse side of card)

Name as it appears on the card: _____

Street Address: _____ Zip code: _____

Agreement

I authorize Ligonier Country Club to keep the above card on file and to charge it for all monthly invoices on the 15th of the month (or next business day) following the date of the invoice.

I agree to bring any billing discrepancies to the controller's attention within 10 days of the billing date to avoid overcharges.

Cardholder's Signature: _____ Date: _____

For LCC Member: _____ Acct # _____

Return this form to Ligonier Country Club
Mail: PO Box 597, Ligonier, PA 15658
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