



Membership Application

729 Fairway Lane, Ligonier, PA 15658
membership@ligoniercountryclub.com
724-238-7620

Personal Information

Full Name : Date Of Birth : / /

Email Address : Mobile Number :

Spouse : Date Of Birth : / /

Email Address : Mobile Number :

Home Address : Alt Number :

City : Zip : *Previously a member*

Billing Info : My Email Spouse Email Home Address Other Email (below) Other Address (below)
(all that apply)

Membership Selection

Choose Membership Type : Single Golf Family Golf Evening Golf Regional Non-Resident Social

Payment Arrangement : One Full Pay in 2 Pay in 4 Pay in 6

Initiation Fee : \$1,000 Golf \$125 Social \$650 under 40 Other _____

Optional Amenities : \$45 GHIN \$900 Cart Pass (one year) \$200 Range Pass (Spouse or Social)

Food & Bev Minimum Billing : Monthly Quarterly *Selection not required for Regional or Non-Resident*

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(s) _____

Referred/Sponsored by: (not required to apply)

Children's Name & Birth Date (and email if available)

_____ / _____ / _____

Print Name

_____ / _____ / _____

If you were not referred by a member, please tell us how you found us.

_____ / _____ / _____

May your children sign on your account? Yes No

For Club Use Only Date Received: _____ CC _____ Cash _____ Check no.: _____ Approved by Board of Directors: _____ Membership number: _____

CREDIT CARD/BANK DRAFT PAYMENT FORM

CARDHOLDER INFORMATION

FULL NAME (AS ON CARD):
BILLING ADDRESS:
CITY: STATE: POSTAL CODE:

CARD DETAILS (processing fee applies on credit cards: 1.5% automatic payments, 3% all other) *default*

CARD TYPE DEBIT CREDIT
CARD NUMBER:
EXPIRATION DATE (MM/YY):
SECURITY CODE (CVV):

ACH/BANK DRAFT DETAILS

TYPE OF ACCOUNT CHECKING SAVINGS *default*
ROUTING NUMBER
ACCOUNT NUMBER
BUSINESS ACCOUNT YES NO

AUTOMATIC PAYMENTS FOR MY MONTHLY BILL (INITIAL BELOW)

ONE-TIME PAYMENT AMOUNT

PURPOSE OF PAYMENT

I, the undersigned, authorize Ligonier Country Club to charge my credit card for the purposes and amount specified above.
I understand that my personal and financial information will be kept secure and confidential.

Cardholder Signature: _____

Date: _____

Recurring Payments Agreement

I authorize Ligonier Country Club to keep the above card or banking information on file and to charge it for all monthly invoices on the 15th of the month 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 or wait for the next cycle for credits to my account.

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. It is my duty to keep the card on file current and understand that late charges may occur if the card is not kept up to date.

For LCC Member: _____ Acct # _____ New Acct _____ Authorized User's Initials: _____