



Application for Membership

Boscobel Golf Club/The Bel Short Course

Applicant Full Name: _____

Spouse's Name: _____

Email address 1: _____

Email address 2: _____

List unmarried dependent children under the age of 25, you wish to include in your membership. Must select "Family Membership" classification below.

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Internal Use Only
Date Accepted: _____
By: _____
MEMBER NUMBER

Bill To Address Please check the address the club should use for billing.

Initiation Fees: \$1,000.00

***Pay \$300.** \$700 Credit towards Initiation Fees applied if 12 months of dues are paid in advance.

Street: _____

City: _____ State & Zip: _____

Phone: _____ Alternate Phone: _____

MEMBERSHIP CATEGORY (check one)

Includes playing privileges at The Bel Short Course.

Membership: \$155/month

Members may only change their membership category during January of each year.

Rules & Regulations It is agreed that this membership and all persons using Boscobel GC and The Bel Short Course hereunder are bound by and shall comply with the Rules & Regulations and By-Laws, as they currently exist or as amended by Management.

Dues Billing On or about the 25th of each month, the club will bill member's dues for the upcoming month. As a member of Boscobel GC/The Bel Short Course, I agree to pay dues in full by the due date and my incurred charges. I understand that my membership is conditional upon timely payment. A late fee of \$35.00 will be assessed if the balance is 30 days past due. Delinquent accounts will be subject to termination of membership, forfeiture of initiation deposit, and a negative credit bureau report.

Referred By _____ *Est. 1932* Please tell us how you heard about our club.

Payment Initiation Enclosed is a check for the Initiation Fee in the amount of \$ _____

Authorization I have read this application and agree to abide by the rules of Boscobel GC/The Bel Short Course. To the best of my knowledge, everything I have stated in this application is correct.

Signature of Applicant (Spouse)

Date

Notes/Addendum _____



Payment Methods

All memberships are automatically opted-in and required to use electronic payment methods for monthly billings. This allows your bill to be paid in full each month and it allows the club to process your payment on time and without additional accounting costs.

ACH and Credit Card Authorization

DATE: _____

This form authorizes Boscobel Golf Club to charge the credit card or bank account listed below for all monthly dues and items charged to your club account.

MEMBER NAME: _____

Bank Account #: _____

Routing #: _____

CREDIT CARD TYPE: VISA () MASTERCARD () DISCOVER ()

NAME ON ACCOUNT: _____

CREDIT CARD NUMBER: _____

EXP. DATE: _____

SECURITY CODE: _____

THE BEL

Est. 1932

This is to confirm that, in keeping with all applicable laws, we are instructing G2 Golf, LLC (dba Boscobel GC) to charge the credit card or bank account listed above for all membership charges and any additional items purchased in connection with use of Boscobel Golf Club. By signing this agreement, the member is waiving any right to receive notice of a charge to the credit card or bank account listed above. Member further represents that the member will indemnify and hold Boscobel Golf Club (G2 Golf, LLC) harmless with respect to these instructions. It is further understood and agreed that the member accepts full responsibility for the amount due if the member or credit card company rejects the credit card charge for any reason whatsoever.

Printed Name: _____

Signature: _____

Date: _____