



Membership Application

Date: _____ Type of Membership: _____ Member #: _____

Billing Schedule: Monthly Annual One Time Payment

Member's Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Dependent Children

(Must be under age 23, attending school Full Time, and residing at home when not attending school).

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Member's Mobile Phone: _____

Mobile Carrier: _____ Spouse's Mobile Phone: _____

Member's Email Address: _____

Spouse's Email Address: _____

Member's Employer: _____

Spouse's Employer: _____

Would you prefer that your statements be emailed or mailed to you? _____

Are you interested in our unlimited CART PLAN? _____ (Family and Single Plans Available)

Are you interested in CLUB (BAG) STORAGE? _____ (Clubs are stored, cleaned, & placed in Cart)

Would you like a LOCKER? _____ (Men's Full size \$45, Ladies Full Size \$30)

Would you like to be contacted by the MEN'S GOLF ASSOCIATION? _____

Would you like to be contacted by the WOMEN'S ASSOCIATION? _____

Credit Card Information – this information will be entered into secure software.

**We require a credit card to be on file for all Membership Types and will be used if billing is over 60 days late

***A 3.3% convenience fee is added when payment is processed with a credit or debit card. To avoid this fee, you may pay by Check or Cash.

****All monthly payments are due within 15 days of receipt of monthly statements

Credit Card Type: Visa Mastercard Discover American Express Other: _____

Name as it appears on the card: _____

Credit Card Number: _____

Exp Date: _____ CVV Code: _____

Please read and initial the statements below verifying understanding and agreement:

_____ I understand that all Membership Types (Monthly and Annual) are a 12-month commitment.

_____ I understand that my membership will automatically renew on my anniversary Date (date of approval by the Marietta Country Club Board of Directors) unless I have reached out to the Marietta Country Club in writing 30 days prior of my intension to not renew my membership.

_____ I understand that once my membership renews, I am once again responsible for my membership and dining minimums for the 12-month commitment period.

_____ I understand that it is my responsibility to notify the Marietta Country Club once a dependent no longer qualifies to be on my membership i.e., Turns 23, no longer a Full-time student, no longer residing at home.

_____ I understand that after my account has a balance of greater than 90 days that my account will be placed in a cash only status and that I will no longer be able to member charge to my account until that balance has been settled.

_____ I understand that my account may be suspended or terminated for non-payment for any balances over 120 days. I understand that to reinstate my membership, the entire balance on my account must be cleared.

As the primary member, I understand and agree to all the above, on behalf of myself and my family members (if selecting a Family Membership Plan). I also agree to abide by the Terms and Conditions of Membership of the Club as now in effect or as amended in the future.

_____ Print Name of Primary Applicant

_____ Date

_____ Signature of Primary Applicant

MCC Member who is responsible for your decision to join: _____

Member Signature: _____