

☐ Junior 1-Single (19-29 Years)

☐ Junior II-Single (30-39 Years)

☐ Junior 1 – Family

☐ Junior II-Family

☐ Clubhouse I Family ☐ Clubhouse II Family

☐ Unlimited Golf Single

☐ Unlimited Golf Family☐ Non-Resident Single☐ Non-Resident Family

Monthly Dues:______Food Minimum:_____

Bills will be sent to the

email address

☐ Racquet Family

☐ 30-Day Trial

One Time \$250 payment

and forgo my membership.

Two payments of \$125 each
Quarterly Capital Projects Fund:

Initiation Fee:

☐ Single ☐ Single PLUS

☐ Family

MEMBERSHIP APPLICATION Member Number: Membership Join Date:_____ Date of Birth: Phone: Spouse: Date of Birth: Phone: Children: Name: _____ Date of Birth: _____ Name:_____Date of Birth:____ Please list any additional children on the back of this form. Residence Address: Billing Address: Email Address: Spouse's Email Address: Place of Employment: ______ I will pay my bill by: ☐ Check (payment is due by the 10th of the month) ☐ Credit Card draft (Drafted on the 5th.) ☐ Bank Draft (Drafted on the 5th) If you are signing up for Automatic draft (Credit card or bankdraft), please fill out the Authorization Agreement for Automatic Payments attached.

provided unless
otherwise specified

Bank Draft (Drafted on the 5th)

If you are signing up for Automatic draft (Credit card or bankdraft), please fill out the Authorization Agreement for Automatic Payments attached.

I hereby make my application for membership in the Eufaula Country Club of Eufaula, Alabama, subject to the constitution, By-Laws and all the rules and regulations of the Club. I understand that if I break my contract before the end of the year, I will be legally responsible for paying the full amount of the initiation fee and any outstanding balance. I understand that a 30-day notice is required to break my contract

SIGNATURE:	DATE:		
SIGNATURE:	DATE:		
MEMBER SPONSOR:	MEMBER #:		