



LEGEND OAKS
GOLF

Legend Oaks Membership Application

Member Information

Member Full Name _____

Spouse Full Name _____

Home Address _____

City _____ State _____ Zip _____

Cell Phone _____ Spouse Cell Phone _____

E-Mail Address _____

Member Referral _____

Date of Birth _____ Spouse Date of Birth _____

TO BE ELIGIBLE FOR MEMBERSHIP, CHILDREN MUST BE UNDER THE AGE OF 23 YEARS AND LIVING WITH MEMBER FULL TIME, PROOF WILL BE REQUIRED

Children Names

1. _____ Date Of Birth _____

2. _____ Date of Birth _____

3. _____ Date of Birth _____

4. _____ Date of Birth _____



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Membership Designation

<p>Golf</p> <ul style="list-style-type: none"><input type="checkbox"/> Golf Single Player<input type="checkbox"/> Golf Single Player and Spouse<input type="checkbox"/> Golf Family<input type="checkbox"/> Golf Senior Single Player<ul style="list-style-type: none">*Senior is designated as 60 years or older<input type="checkbox"/> Golf Senior Single Player and Spouse<input type="checkbox"/> Golf Executive Single Player<ul style="list-style-type: none">*Executive is designated as ages 18 - 35<input type="checkbox"/> Golf Executive Single Player and Spouse<input type="checkbox"/> Range<input type="checkbox"/> Golf Youth<ul style="list-style-type: none">*Youth is designated as 17 years and under	<p>Unlimited Cart</p> <ul style="list-style-type: none"><input type="checkbox"/> Cart Single<input type="checkbox"/> Cart Single and Spouse<input type="checkbox"/> Cart Family<input type="checkbox"/> Cart Senior Single<input type="checkbox"/> Cart Senior Single and Spouse <p>Pool</p> <ul style="list-style-type: none"><input type="checkbox"/> Annual<input type="checkbox"/> Monthly <p>Tennis</p> <ul style="list-style-type: none"><input type="checkbox"/> Single<input type="checkbox"/> Family
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Billing Information

Payment Plan: Monthly Annual

Auto Pay? Yes No

Would you like charging privileges? Yes No

If the answer is 'Yes', everyone listed under membership will be given privileges unless otherwise noted.

*A valid credit card number is required for security purposes. In the event that dues become over (30) days past due, I will authorize Legend Oaks Golf Operations, LLC to place the remainder of the monthly balance owed on credit card.

Initiation Fee Payment

Total Initiation Fee: _____



Terms and Conditions:

1. Upon signing this Application for Membership privileges, applicant authorizes the disclosure and release of information to Legend Oaks Golf Operations, LLC for investigating the undersigned's qualification for membership, authorizes those persons or entities herein to furnish information to Legend Oaks Golf
2. The undersigned hereby acknowledges receipt of a copy of the Rules and Regulations of Legend Oaks Golf Operations, LLC and has read, understands and agrees to abide by all of its respective Terms and Conditions as amended from time to time. I also understand and agree that I, my family and guests will abide by all the rules and policies as set forth by the Legend Oaks Golf Club. The undersigned understands that membership at Legend Oaks Golf Club is subject to approval.

Resignation of Membership Privileges: Club Members who pay monthly and desire to resign membership privileges must do so at least 30 days prior to their desired termination date. Club Members who pay annually and desire to resign must do so at least 30 days prior to their annual renewal date.

All golf and pool memberships require a one-year commitment. If a membership is canceled or resigned prior to the completion of the one-year term, the remaining balance for the year shall be due and payable in full at the time of cancellation.

Resignations will not be accepted at any other time. Members must provide the Club with at least 30 days' prior written notice **via email** to the **Assistant General Manager or General Manager** of their intention to resign membership privileges. There shall be no refund of membership initiation fees.

Membership Agreement

I _____ hereby agree to the terms and conditions of Membership with Legend Oaks Golf Club, as contained within the Legend Oaks Golf Club By Laws. I agree that I have received a copy of the aforementioned By-Laws and understand them fully. I agree that I, my family and guests will abide by rules and policies as set forth by Legend Oaks Golf Club.

Applicant's Signature _____ Date _____

Legend Oaks Representative _____ Date _____