

MEMBERSHIP APPLICATION

SW MEMBER# _____ *(office use only)*

Name _____ Date of Birth _____

Address _____

Spouse _____ Children (ages) _____

Home Phone _____ Cell Phone _____

Email _____

Occupation _____ Employer _____

MEMBERSHIP (select one)

Billing preference (select one)

Full _____

To be prepaid annually _____

Senior _____ Student _____

To be billed monthly _____

Out of Town _____ Social _____

Authorization _____ *(office use only)*

CREDIT CARD INFORMATION

Card Type _____ Name on Card _____

Credit Card Number _____ Expiration _____

Signature _____ Code _____

Please bill my monthly dues to my credit card. If my monthly dues are 60 days behind, I agree to have my account status brought up to date by using a major credit card.

It is expressly understood that this proposal is subject to the admission fees and dues as they now or hereafter exist. Upon acceptance, I agree to abide by the rules of Stillwaters Golf applicable to the membership I have requested. To terminate this membership after the full year has expired, a written letter must be submitted to Stillwaters Golf within 10 days of the last billing period or I will be responsible for payment of the next month's dues in its entirety. To terminate this membership before the full year has expired, a written letter must be submitted and the remainder of the year's dues must be paid immediately unless the member has relocated.

I understand that this proposal of membership is a non equity membership and that this membership is non transferable.

Signature _____ Date _____

*Membership forms and payments can be mailed to : Stillwaters Golf *797 Moonbrook Drive*Dadeville, AL36853 or hand delivered to the golf shop.*