



## Application for Membership

### A. PERSONAL DATA

Full Name: \_\_\_\_\_  
*Last*
*First*
*Middle Initial*

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse: \_\_\_\_\_  
*Last*
*First*
*Middle Initial*

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dependents under age 21 and full-time students under 23

Name	Birth Date	College
_____	_____	_____
_____	_____	_____

### B. TYPE OF MEMBERSHIPS AND DUES

*(Please check the membership plan desired and complete the payment information.)*

PAID ANNUALLY OR MONTHLY:

MEMBERSHIP PLAN	GOLF	
	Family	( )
	Individual	( )
ANNUAL CART PLAN	Single	( )
	Individual	( )
STAY & PLAY GOLF MEMBERSHIP		( )

PAID ANNUALLY:

SOCIAL MEMBERSHIP	( )
COMMUNITY MEMBERSHIP	( )

I have enclosed my check/credit card information for membership in the Sapele Hammock Golf Club (*the "Club"*) for the following amount:

\$ \_\_\_\_\_ ( ) Full annual payment OR ( ) First monthly payment (*if applicable*)

Make checks payable to Sapele Hammock Golf Club. I understand that if my membership application is accepted that my membership is not refundable or transferable.

CREDIT CARD AUTHORIZATION: I hereby request that all dues, fees and charges be billed to my credit card listed below and hereby authorize such billing.

Initial here: \_\_\_\_\_

*Continued on reverse*

I certify that the below listed card is issued to me and agree that all disputes on my credit card account relating to the Club will be promptly brought to the Club's attention. I understand that I am obligated to keep a valid approved credit card on file with the Club at all times and that I am responsible for any amounts that are not paid by the credit card company.

CREDIT CARD TYPE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CCV: \_\_\_\_\_

**C. CHARGES ON ACCOUNT/SERVICE CHARGE & CREDIT CARD CHARGES**

Members may charge monthly dues and purchases to their Club account and pay either by monthly statement sent to the mailing address provided above or by an authorized credit card on file. Members acknowledge that all monthly charges are due upon receipt. A 1.5% service charge will be posted to accounts not paid in full before next monthly billing.

**D. NO ASSESSMENTS, ASSUMPTIONS OR LIABILITY OR OWNERSHIP**

I understand that I can never be assessed as a matter of contract with the Club, that I am assuming no liability whatsoever in connection with this membership other than the payment of a sum set out above, the application membership other than the payment of a sum set out above, the applicable membership dues and charges incurred by me, my family and guests in their use of the Club, and that this membership does not convey upon me any ownership or liability for the Club property or assets.

**E. RESIGNATION OR TERMINATION OF MEMBERSHIP**

I understand that I may resign from the Club by contacting the GM in writing, by paying any dues or other charges for which I may be liable and that I shall not thereafter be subject to any further dues or other charges. I further understand that I may not offset dues and charges against the initiation fee. I understand that my membership may be suspended or terminated at the sole discretion of the Club for default in payment of accounts due. The membership cards issued to family or individual remain the possession of the Club and must be surrendered to the Membership Office upon termination of membership.

**F. BY-LAWS**

I agree that all persons using the club under this membership are bound by and shall comply with all rules and regulations of the Club, as they may be amended from time to time. I understand that the Club reserves the right to modify fees and dues at its sole discretion.

**G. BILLING PROCEDURES**

Membership in the Club is expressly conditioned upon payment in full of all dues, fees and charges on account upon receipt. Habitual late payment of these dues, fees and charges on account may result in termination of membership and legal action for the collection of such overdue payments.

**H. USE OF APPLICATION**

I attest that all information contained in this application is correct and agree that the Club may retain this application whether or not it is approved. I authorize the Club to check my credit and to answer questions concerning my credit experience with the Club.

**I. CUSTOMER'S RIGHT TO CANCEL**

You may cancel this contract by sending notice of your wish to cancel before midnight of the third business day after you sign the contract. This notice must be sent certified mail to the following:

**SPELO HAMMOCK GOLF CLUB  
1354 MARSHVIEW DRIVE NE  
SHELLMAN BLUFF, GEORGIA 31331**

Within thirty days of receipt of this notice, the Club shall return any payments made and any note or other evidence of indebtedness. If you use the seller's facilities or services, the Club may charge you a reasonable fee based on days of actual use.

Signed and agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature of Applicant*

Accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Sapelo Hammock Golf Club**  
1354 Marshview Dr. NE  
Shellman Bluff, GA 31331  
912-832-4653  
[www.sapelohammockgolfclub.com](http://www.sapelohammockgolfclub.com)