



SOUTHWOOD

G O L F C L U B

SOUTHWOOD GOLF CLUB

MEMBERSHIP APPLICATION

Membership Card No: _____

Type of Membership: Individual Individual (w/cart) Family Family (w/cart)
 Young Executive Corporate Weekday All In Social
 Individual (w/Cart/TT) Family (w/Cart/TT)

APPLICANT

LAST FIRST MIDDLE

Email Address: _____ Date of Birth: _____ Phone: _____

SPOUSE (if Family membership)

LAST FIRST MIDDLE

Email address: _____ Date of Birth: _____

In case of a Family Membership, unmarried children aged 21 and under (living at home, attending school on a full-time basis, or serving in the Armed Forces) who sign below will be issued a membership card and will be authorized to have charging privileges at the club.

Date of Birth LAST FIRST MIDDLE SIGNATURE

Date of Birth LAST FIRST MIDDLE SIGNATURE

Date of Birth LAST FIRST MIDDLE SIGNATURE

APPLICANT'S ADDRESS

Street address

City/State/ Zip

Please CHECK the appropriate box below for mailing instruction if other than local address:

- Mail Statements Mail Newsletters
- eMail Statements eMail Newsletters

DUES PAYMENT INFORMATION

I would like to pay my dues: Annually Monthly

CREDIT CARD INFORMATION

Type of Card: VISA M/C AMEX

CARD # _____ Expiration Date: _____

CV: _____ Name on Card: _____

ENTER PROM CODE: _____

By my execution of this Application, I unconditionally authorize Southwood Golf Club ("Club") to charge any obligations incurred in connection with my Southwood Golf Club membership against the charge card identified above. Such charges specifically include but are not limited to annual dues, use fees, cancellation fees, and charges. I agree to take all other actions required to affect the provisions of this paragraph. I further agree to immediately substitute an effective credit card if the credit card listed above becomes ineffective for any reason.

This Application shall entitle the Applicant to annual membership privileges at Southwood Golf Club only after the application is approved and accepted by the Club and after payment of all applicable fees and charges to the Club. This Application will be reviewed once fully completed and executed. The Applicant understands that this Application becomes a contract once approved by the club, and any outstanding obligations of the member are subject to interest charges of 1% per month as well as costs of collection including legal fees if the account

becomes delinquent. The membership hereunder is for a minimum of six (6) months, thereafter, converting to a month-to-month contract.

Applicant covenants and agrees to indemnify and hold harmless Southwood Golf Club and its directors, officers, employees, representatives, affiliates, and agents in accordance with the indemnification provisions of the Membership Plan.

Applicant acknowledges that the use of the facilities may be restricted from time to time based on events, maintenance, and other causes.

By signing this Application, I authorize the disclosure and release of information to Southwood Golf Club so that it may confirm my qualifications for membership. I agree that all information and communications received by the Club in connection with my application are privileged, confidential, and not subject to disclosure to me or to any other person other than authorized Club personnel.

Both Applicant and Spouse (if applying for a Family Membership) must sign below, agreeing that they shall be jointly and severally liable for all charges and other amounts from time to time owing, including all charges incurred by other membership users listed on this Application and guests of any membership user.

Applicant Signature Date

Spouse or Co-Applicant Signature Date

APPROVED AND ACCEPTED

BY: Southwood Golf Club Date

MAIL TO:

Southwood Golf Club
Director of Membership
3750 Grove Park Drive
Tallahassee, FL 32311

Telephone: (850) 942-GOLF (4653)
Email to: bmc Curry@southwoodgolf.com