

MEMBERSHIP APPLICATION

I am applying for the following type of membership: (Please select one category from each line below.)

Platinum Young Professional Silver
 Family Individual
 Skybrook Resident Non-Resident

I prefer the billing information sent to: My home address My business address

By my signature below, I hereby apply for membership in **Skybrook Golf Club**.

Please list my name on the membership roster as follows:

Name: _____ DOB: _____

ADDRESS & TELEPHONE INFORMATION

Name: _____ Phone (preferred): _____

Phone: (other) _____

Home Address: _____ City/State/Zip: _____

Business (Optional): _____ Phone (business): _____

Business Address: _____

City/State/Zip: _____

To receive club news and events, please provide your email address(es):

Email: _____ Email: _____

ELIGIBLE FAMILY MEMBERS (spouse, partner, dependent children)

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Membership will be held in name of: _____ (Primary Member)

PAYMENT OPTIONS AND ENTRANCE FEE: GOLF MEMBER

Payment method: Credit Card:_____

Dues/Charges Payment

By signing this agreement, I agree to the Skybrook membership obligations outlined in the membership description. Dues, incidentals and all charges shall be auto drafted via your credit card on file the first business day of each month. This will include previous months charges and current month dues. 3% convenience fee will be added to all monthly statement balances that are settled with credit cards.

RESIGNATION

I may resign from **Skybrook Golf Club** by giving thirty (30) days advance written notice to Skybrook Golf Club and by paying all dues and other charges for which my membership has incurred and owed the club. I shall not thereafter be subject to any further dues or other charges.

ASSESSMENTS

I understand that as a matter of contract with **Skybrook Golf Club** my membership is non-assessable and that I am assuming no liabilities whatsoever in connection with my membership other than the payment of applicable membership dues and charges incurred by me, my family, and guests in the use of **Skybrook Golf Club** and that such membership does not confer upon me any ownership of **Skybrook Golf Club** property or assets.

RULES & REGULATIONS

As a Member, I agree to conform to, be bound by, and adhere to the Rules and Regulations of **Skybrook Golf Club** as they may be amended from time to time.

Applicant's Signature:_____ Date:_____

PLEASE MAIL or
DELIVER THIS APPLICATION TO:

SKYBROOK GOLF CLUB
14720 Northgreen Drive
Huntersville, NC 28078



Office Use Only

Accepted Date:_____

Member #:_____

CREDIT CARD AUTHORIZATION FORM

Please Select:

Credit Card Automatic Charge: _____

I, _____, hereby authorize Skybrook Golf Club, to charge my account for the following categories as applicable.

Please check all that apply:

_____ Monthly Dues
_____ Annual Charges

Annual Handicap Fees: _____# of registered users

I hereby authorize Skybrook Golf Club to draft my account for the charges as categorized above:

_____/_____/_____
Account holder's Signature Date:

The following Information shall be encrypted in our operating system in accordance with PCI compliance standards and this portion of the form shall be shredded.

Full Name on Card: _____

Credit Card Automatic Draft:

() VISA () MasterCard () American Express () Discover

Credit Card Number: _____

Expiration Date: ____/____ VID Code: _____

Billing/Account Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Telephone: ____-_____



3% convenience fee will be added to all monthly statement balances that are settled with credit cards.

ACH AUTHORIZATION FORM

Please Select:

ACH Automatic Charge: _____

I, _____, hereby authorize Skybrook Golf Club, to charge my bank account for the following categories as applicable.

Please check all that apply:

_____ Monthly Dues
_____ Annual Charges

Annual Handicap Fees: _____ # of registered users

I hereby authorize Skybrook Golf Club to draft my bank account for the charges as categorized above:

_____/_____/_____
Account holder's Signature Date:

The following Information shall be encrypted in our operating system in accordance with PCI compliance standards and this portion of the form shall be shredded.

Full Name on Bank Account: _____

ACH Automatic Draft:

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Billing/Account Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Telephone: _____ - _____

