



Bridgeport Country Club Application for Membership

APPLICANT'S INFORMATION

Last Name: _____ First Name: _____ MI: _____

Title: (Mr., Mrs., Dr.) _____ Date of Birth: _____ Primary Phone: _____

Occupation: _____ Business Phone: _____

Place of Employment: _____

Email Address: _____

SPOUSE'S INFORMATION

Last Name: _____ First Name: _____ MI: _____

Title: (Mr., Mrs., Dr.) _____ Date of Birth: _____ Primary Phone: _____

Occupation: _____ Business Phone: _____

Place of Employment: _____

Email Address: _____

CONTACT INFORMATION

Home Address: _____

City: _____ State: _____ Zip: _____

Billing / Club Information Mailing Address (if different from above)

Address: _____

City: _____ State: _____ Zip: _____

Preferred method of contact for newsletters and other BCC information:

Email Phone Regular mail BCC Webpage/Facebook

Referred to BCC by: _____ if applicable)

BCC Member Name – Signed

Date

Member #

DEPENDENT(S) INFORMATION

Must be 23 years of age or younger, living at home, a full-time student and tax dependent

Name	Age	Date of Birth	School
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
(5) _____	_____	_____	_____

MEMBERSHIP CLASSIFICATION

Please select the appropriate category

	Category	Annual Dues
	Family and Single (age 18 and 24) (Out-of-County)	\$1,410
	Family and Single (age 25 - 29) (Out-of-County)	\$2,300
	Family and Single (age 30 - 34) (Out-of-County)	\$3,100
	Family and Single (age 35 - 39) (Out-of-County)	\$3,625
	Family (age 40+)	\$4,000
	Single (age 40+)	\$3,600
	Non-Resident (Family or single living outside of Harrison, Taylor County) (age 40+)	\$3,250
	Senior (age 65 and above)	\$3,250
	Clergy	\$1,150
	Social	\$570.00

	Corporate (Minimum of 4 Memberships, each additional \$3,025.00)	\$12,100.00
	National Out-of-State	\$2,245.00

CREDIT AND BILLING INFORMATION

Invoices are mailed on or around the 1st day of each month. **Payments are due upon receipt of your statement.** Should a payment not be received prior to sending the next statement, the member's account is considered PAST DUE. The BCC Business Office may contact the member to arrange payment once in a Past Due status. Should an account fall more than 60 days past due, ALL MEMBERSHIP PRIVILEGES WILL BE SUSPENDED until payment in all past due amounts are received. The BCC Business Office will contact the member to arrange for payment. Upon contact, the member will be requested to (A) provide immediate payment to bring their account current, or (B) enter into an agreeable, approved payment plan (as accepted by the Board of Directors). Additionally, the member will also be asked to provide a Credit Card that will be charged the entire past due amount in the event the member does not honor the agreed upon payment plan provisions. Payment plans may include options to allow for the continued use of the club, should the provisions of the plan warrant such activity (as determined by the Board of Directors). Those members in a Suspended status are not permitted to use the club in any capacity until payment arrangements are made and the account placed back to an Active status. Should a member's account fall more than 150 days Past Due, that account may be placed into a COLLECTIONS status and submitted to a collection agency and/or Magistrate Court for small claims action. Please provide the following information:

- MasterCard VISA Discover

Card Number: _____ 3-Digit Card Code: _____

Name on Card: _____ Expiration Date: _____

Billing Address: _____ Zip Code: _____

REFERENCES

Please list any current member of Bridgeport Country Club who could provide a reference for you in your membership application:

ACKNOWLEDGEMENT

By completing this application, I understand and agree that I am committing to pay the full year's dues, whether I remain a member for the full year or not, and all other charges made by family members, guests or myself. Furthermore, I agree to make all payments in a timely manner. All payments are due upon receipt.

I also agree to notify the club in writing in the event of non-renewal of membership on or before January 15th of the next calendar year. If notification is not made in writing by the date noted, I will be considered a dues paying member for the succeeding year.

I understand and agree that any changes in membership classification, address, etc. that will change my dues will require me to notify the accounting office within 30 days of such change. Any change in dues will be in effect for the remainder of the year.

I understand that, in addition to the membership dues, there is a minimum requirement that I purchase \$250.00 for food and beverages for each 4-month period beginning January through April, May through August, and September through December, a total commitment of \$750.00 for the calendar year. If I do not purchase this minimum amount during each of the 4-month periods, my account will be charged for the difference between the amount I spend and \$250.

I understand that this is an application for membership subject to board approval. I agree to submit to a full credit and criminal background check on myself or any family member that is included in this application for membership should the Board request such information before acting on this application. The results of such background checks will remain confidential but may be considered in determining whether an application is approved for membership.

I understand and agree that, in addition to the information provided above, that I may be called upon to provide additional information in support of this application for membership, including but not limited to, confirmation of employment from my employer, criminal history, and/or credit information. The failure to provide such information may result in a denial of my application.

Applicant Signature: _____ **Date:** _____

This application has been approved rejected by the Bridgeport Country Club Board of Directors on _____ (date).

Signature of President of Board: _____