



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 21 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)	\$1,225
	Family and Single (age 25 - 29) Also National Out of State	\$1,975
	Family and Single (age 30 - 34)	\$2,700
	Family and Single (age 35 - 39)	\$3,150
	Family (age 40+)	\$3,450
	Single (age 40+)	\$3,125
	Non-Resident <i>(Family or single living outside of Harrison, Taylor County)</i>	\$2,825
	Senior (age 65 and above)	\$2,825
	Clergy	\$1,000

	Social	\$495
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CREDIT AND BILLING INFORMATION

Invoices are mailed on or around the 1st day of each month. Payments are due on or before to the last day of that same month, prior to the next invoice being generated. 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, 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 not meeting the requirements to remain active, as determined by the Board of Directors, will be considered SUSPENDED. 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: _____

ACKNOWLEDGEMENT

By completing this application, I understand and agree that I am committing to pay the full year's dues and all other charges made by family members, guests or myself. Furthermore, I agree make all payments in a timely manner. All payments are due by the 20th of the month billed.

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 there is minimum requirement of \$200.00 for food and beverages for each 4 month period beginning January through April, May through August, and September through December, a total commitment of \$600.00 for the calendar year.

Applicant Signature: _____ **Date:** _____

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

Board Member Signature: _____