## Covington Country Club, Inc. P.O. Box 219 Covington, Tennessee 38019 (901) 476-8676

# Application For Social Membership—Single / Family (circle one)

Name of Prospective member :		Date of Birth
Address:	City:	zip:
Residence Phone:	Cell:	
Employer:		· · · · · · · · · · · · · · · · · · ·
Employer address:		
Spouse:		
Spouse Employer:		
Spouse Employer address:		
Would you like to receive your statement el	lectronically? E-Mail Addres	s:
Would you like to enroll in the ACH bank of	draft account payment If so	please fill out attached form.
Children—Name & Age 1	3	
2	4	
Recommended by (Club Members in good s	standing, sign below):	
1		
2		
3		
If accepted, I agree to fully comply with all Club, Inc. and that such application shall	By-Laws, Policies and Regulation constitute a contract between such	ns of the Covington Country h member and said corporation.
I understand and agree that this membersh check in at the Pro Shop & pay greens fees, the Pro Shop & paying greens fees, the men	s. I agree and understand that if I	& Pool only. Should I wish to play golf I must play on the golf course without checking in a world, without refund.
This membership does not include voting p	rivileges.	
I understand and agree that my commit	tment to membership is for no l	less than (12) twelve months.
Signed:	Membership Fee: Check for 1st	month's dues must be attached
Covington Country Club Board of Director	rs Approved	Disapproved
Date Approved:		

\$500 initial fee to join. Check must be attached to application. Check for 1st months dues must be attached to application. Must commit for one (1) year

You may download and print a application from our website: www.thecovingtoncountryclub.com

#### **SOCIAL MEMBERSHIP**

Single—\$55

Family—\$80

### **Cart Rental**

18 holes: \$15.00 9 holes: \$9 Sales tax included

#### **Greens Fees**

18 holes: \$27.44 9 holes: \$15.37 Sales tax included

# 

Print name as shown on bank records	Checking Account Number
Name of Bank	Transit/Routing Number
Address of Bank	
I hereby request and authorize you to honor and c	harge to my account checks/drafts
drawn on my account by and payable to COVINC	GTON COUNTRY CLUB,
COVINGTON, TENNESSEE. The signatures on	such checks/drafts may be
typed or printed. You shall have no liability for the	he return unpaid of any such check/draft
if the balance in my account is insufficient to pay	the same upon presentation.
This authorization shall continue in force until rev	woked by me in writing, a copy of which
revocation shall be sent to COVINGTON COUN	TRY CLUB.
Signature of Bank Depositor	Date
Signature of Dank Depositor	Date