

BRENHAM COUNTRY CLUB, INC.

4107 HIGHWAY 105 EAST

BRENHAM, TX 77833

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**APPLICATION FOR MEMBERSHIP
CLASS A**

ACCEPTANCE:

By my signature below, I hereby make application to the Board of Directors for membership in the Brenham Country Club, Inc. If approved as a member, I agree to be bound by the Rules and Regulations of the Club, as they may now or hereafter be. I further understand that in order to end my membership responsibilities, I will sell my membership to a party to be approved for membership by the Board of Directors, or participate in the Board approved redemption program that may exist at that time.

Applicant's Name – Printed

Date

Applicant's Signature

CLASS A VOTING MEMBER SPONSORS:

Date:

Signature

Date:

Signature

FINANCIAL AGREEMENT:

Purchased from: _____ **Price:** \$ _____

Initiation Fee: \$ _____ **Paid by:** _____ **Transfer Fee:** \$ _____ **Paid by:** _____

TRANSFER RESPONSIBILITIES:

Applicant and Member transferring the share to Applicant both agree that Applicant's obligation for monthly dues commences on the first day of the month following the date in which this transfer is made. The transferring Member is obligated to pay the current month's dues in full.

MEMBERSHIP ROSTER:

I prefer that my name be placed on the roster as:

My Spouse should be listed as: _____

Other immediate members of my family (under the age of 25) are:

1. _____ Relation: _____ Birth Date: _____

2. _____ Relation: _____ Birth Date: _____

3. _____ Relation: _____ Birth Date: _____

4. _____ Relation: _____ Birth Date: _____

COMMUNICATIONS AND BILLING ADDRESS:

Street or P. O. Box: _____

City: _____ State: _____ Zip: _____

PERSONAL INFORMATION:

Address: _____

City: _____ State: _____ Zip: _____

Length of Residence: _____ Phone No. _____

E-mail Address: _____ Fax No. _____

Former Residence (if less than 5 years at present address):

Street: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security No.: _____

BUSINESS INFORMATION

Employer: _____ Position: _____ Phone No. _____
Address: _____
City: _____ State: _____ Zip: _____

PERSONAL OR BUSINESS REFERENCES:

Name: _____ Phone No. _____
Address: _____
City: _____ State _____ Zip: _____

Name: _____ Phone No. _____
Address: _____
City: _____ State _____ Zip: _____

Name: _____ Phone No. _____
Address: _____
City: _____ State _____ Zip: _____

PAYMENT OF MEMBERSHIP

Payment of Membership, including all dues, fees and other applicable charges, is due upon receipt of the monthly statement. I agree to pay the account in full when due. I agree and understand that a late charge up to the maximum amount allowable by law, or other penalties, may be assessed for past due accounts as provided for in the by-laws and rules and regulations of the Club as amended from time to time. In addition to late fees, penalties may include, but are not limited to suspension of Club privileges.