

# 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.

**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: \_\_\_\_\_ - \_\_\_\_\_

