

APPLICATION FOR MEMBERSHIP



Graymere Country Club



Type of Membership Desired: ☐ Full Golf (ages 40 & over) ☐ Junior Golf (ages 21-39) ☐ Weekday Golf
☐ Dining ☐ Social (ages 40 & over) ☐ Junior Social (ages 21-39) ☐ Out-of-Area ☐ Corporate

All memberships, excluding Out-of-County, are subject to a Food & Beverage Minimum of \$225 per calendar quarter.

No member may join the Club for a period of less than one (1) year or as the Board of Directors may determine.

All dues and fees are subject to Tennessee Amusement Tax of 9.75%.

PERSONAL INFORMATION

Name _____
Title First Middle Initial Last Nickname

Home Address _____
Street City State Zip Code

Date of Birth _____ Cell Phone # _____

Primary Phone # _____ Secondary Phone # _____

Email Address _____
☐ Single ☐ Married ☐ Widowed If married, complete the Spouse information below.

Spouse's Name _____
Title First Middle Initial Last Nickname

Cell Phone Number _____ Wedding Anniversary Date _____

Date of Birth _____

Spouse's Email Address _____

BUSINESS INFORMATION

Applicant's Occupation and/or Nature of Business or Profession _____ ☐ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Years in Present Employment _____

Email Address _____

Spouse's Occupation and/or Nature of Business or Profession _____ ☐ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Spouse's Telephone Number _____ Years in Present Employment _____

Email Address _____

CHILDREN

Children under the age of 21 who are unmarried or in the military:

- | | | | | | |
|----|-------|-------|----------|---------------|---|
| 1. | _____ | _____ | _____ | _____ | <input type="radio"/> Male <input type="radio"/> Female |
| | First | Last | Nickname | Date of Birth | |
| 2. | _____ | _____ | _____ | _____ | <input type="radio"/> Male <input type="radio"/> Female |
| | First | Last | Nickname | Date of Birth | |
| 3. | _____ | _____ | _____ | _____ | <input type="radio"/> Male <input type="radio"/> Female |
| | First | Last | Nickname | Date of Birth | |
| 4. | _____ | _____ | _____ | _____ | <input type="radio"/> Male <input type="radio"/> Female |
| | First | Last | Nickname | Date of Birth | |

CREDIT REFERENCES

1. _____
2. _____

AFFILIATIONS

Are you a prior member of Graymere Country Club? ☐ Yes ☐ No If so, when? _____

Are you a current or previous member of another country club? If so, please list. ☐ Yes ☐ No

Club Information (Name, Phone Number): _____

Club Information (Name, Phone Number): _____

Membership in Business, Professional, Civic and Fraternal Organizations: _____

Have you ever been rejected, expelled or dropped from membership in this or any similar club, and if so, why?

What facilities of the Club are you interested in?

Yourself:	<input type="radio"/> Golf	<input type="radio"/> Dining	<input type="radio"/> Pool	<input type="radio"/> Social Activities
Your Spouse:	<input type="radio"/> Golf	<input type="radio"/> Dining	<input type="radio"/> Pool	<input type="radio"/> Social Activities
Your Eligible Children:	<input type="radio"/> Golf	<input type="radio"/> Dining	<input type="radio"/> Pool	<input type="radio"/> Social Activities

SPONSOR INFORMATION

Primary Sponsor: _____ Secondary Sponsor: _____
Please Print First and Last Name Please Print First and Last Name

Please note: The sponsoring members must be current Club members, in any classification, who referred you to Graymere Country Club.

Please see reverse side

AUTHORIZATION

I, the undersigned, hereby make my Application for Membership in the Graymere Country Club, Columbia, Tennessee, subject to approval of the Membership Committee and the Board of Directors. I hereby authorize Graymere Country Club, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my Application for Membership is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of Graymere Country Club.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing Graymere Country Club. Payment of my statement is due upon receipt. If the balance is not paid within 30 days from the billing date, a finance charge of 5% per month will be charged to my account. It is further understood and agreed that in the event we fail to pay our account when due, and the same is turned over to an attorney for collection, we agree to pay all cost of collections, including reasonable attorney's fees.

I understand I am obligated to maintain membership for a minimum of one (1) year.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____
(If applicable)



2100 Country Club Lane Columbia, Tennessee 38401

(931) 388-4455

Fax (931) 388-4459

Pro Shop (931) 388-4422

Email: graymere@graymerecc.com

www.graymerecc.com