



APPLICATION FOR MEMBERSHIP

GRAYMERE COUNTRY CLUB





Date _____

Type of membership desired: Trial Dining Only - Summer 2025 Membership Promotion

Memberships are subject to a Food & Beverage Minimum of \$225 per calendar quarter.
All dues and fees are subject to Tennessee Amusement Tax of 9.75%.

Personal Information

Name _____
Title First Middle Initial Last Nickname

Address _____
Street City State Zip Code

Date of Birth _____ Cell Phone # _____

Primary Phone # _____ Secondary Phone # _____

Email _____

Single Married Widowed If married, complete Spouse information below.

Spouse's Name _____
Title First Middle Initial Last Nickname

Cell Phone # _____ Wedding Anniversary Date _____

Date of Birth _____ Spouse's Email _____

Business Information

Retired

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

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Phone # _____ Years in Present Employment _____

Email _____

Retired

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

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Phone # _____ Years in Present Employment _____

Email _____



Children

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

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

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

Club Information (Name, Phone #) _____

Club Information (Name, Phone #) _____

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

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

What facilities of the Club are you interested in using?

Yourself: Golf Dining Pool Social Activities

Your Spouse: Golf Dining Pool Social Activities

Your Eligible Children: Golf Dining Pool Social Activities

Sponsor Information

Primary Sponsor _____
Please Print First & Last Name

Secondary Sponsor _____
Please Print First & 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 understand that I am signing up for a trial, six-month, dining-only membership. During my trial, I am obligated to pay monthly dues and meet the quarterly Food & Beverage Minimums that apply. I understand that at the end of my six-month trial, I may choose to become a full-time member of Graymere Country Club or walk away with no further commitment to the establishment.

I understand at the end of my six-month trial, should I choose to become a full-time member of the Club, that I will be billed an initiation fee in accordance with the type of membership I select when joining. I understand I will be obligated to remain a member of Graymere Country Club for one year following the date of my initiation fee payment and election to become a full-time member of the Club at the end of my trial period.

I, the undersigned, hereby make my Application for Membership in the Graymere Country Club of 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 collections, including reasonable attorney's fees.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____
(If applicable)



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