



# 2020 MEMBERSHIP APPLICATION

Return to: Ligonier Country Club, PO Box 597, Ligonier, PA 15658  
Phone: 724-238-7620 Fax: 724-238-3464 contact@ligoniercountryclub.com

Applying for (please check one):

Single Golf    Family Golf    Social    Non-Resident    Evening   Dues: \$ \_\_\_\_\_

College (College discount available with Student ID: no minimum)

Handicap System \$25 (optional) \$ \_\_\_\_\_

(Separate application needed for businesses groups and juniors) Filing Fee \$ 25.00

**Application must be accompanied by payment of dues in full unless other arrangements** Total Paid: \$ \_\_\_\_\_

PLEASE PRINT (\*Required)

\*Name \_\_\_\_\_ \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Home Address \_\_\_\_\_

Billing Address (if Different) \_\_\_\_\_

\*Mobile No \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone No \_\_\_\_/\_\_\_\_/\_\_\_\_ Work No \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Email: \_\_\_\_\_  No Email Address    Please mail newsletter

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Required for Family Membership

Email: \_\_\_\_\_ Mobile No \_\_\_\_/\_\_\_\_/\_\_\_\_

Children's Name \_\_\_\_\_ & Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ & Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

May your children sign on your account? Yes No

Occupation \_\_\_\_\_ Name of Business & Address \_\_\_\_\_

Statements are emailed monthly around the 1st, payable on the 15th \_\_\_\_\_ Check here if you would like a paper statement also

### \*Membership Agreement

To the Board of Governors:

I/We hereby make application for membership to Ligonier Country Club, granting you the authority to verify the above information and:

- Agree to be governed by the by-laws and all rules and regulations of the Club and to pay all fees and charges.
- Understand that **Membership Renews Yearly**, until notice is received in writing by the office.
- Have read and understood all definitions, restrictions and fees that apply to my/our chosen membership category.
- Understand that we will be notified within 30 days of the status of our application.

IN WITNESS WHEREOF and intending to be legally bound hereby, I/We have executed this Agreement this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Referred/Sponsored by: \_\_\_\_\_  Previously a Member

I recommend this applicant for membership at Ligonier Country Club.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Club Use Only

Date Received: \_\_\_\_\_ CC \_\_\_\_ Cash \_\_\_\_ Check no.: \_\_\_\_\_ Approved by Board of Directors: \_\_\_\_\_ Membership number: \_\_\_\_\_



Post Office Box 597 ● Ligonier, PA 15658 ● contact@ligoniercountryclub.com ● 724-238-7620

## Credit Card Authorization Form

If you would like to enjoy the convenience of automatic payments, simply complete and sign this form. All requested information is required. This automatic payment authorization may be canceled at any time by notifying the office in writing. A new form must be submitted to change or update your card number.

### Card Information

Credit Card Type: \_\_\_\_ Visa      \_\_\_\_ MasterCard

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_ CVV # \_\_\_\_ (three digits on reverse side of card)

Name as it appears on the card: \_\_\_\_\_

Card Street Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Agreement

I authorize Ligonier Country Club to keep the above card on file and to charge it for all monthly invoices on the 15<sup>th</sup> of the month (or next business day) following the date of the invoice.

I agree to bring any billing discrepancies to the controller's attention within 10 days of the billing date to avoid overcharges.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For LCC Member: \_\_\_\_\_ Acct # \_\_\_\_\_

Return this form to Ligonier Country Club  
Mail: PO Box 597, Ligonier, PA 15658  
Fax: 724-238-3464  
Email: beth@ligoniercountryclub.com