



<b>Official Use Only</b>	
Accepted	_____
Member#	_____
Check #	_____
Amount	_____
Date Issued	_____

## Application for 2018 Annual Membership

I am applying for the following type of membership:

- Regular     
  Regular with Tennis Add-on     
  Tennis Only

I will pay dues in the following category

- Individual   
  Family (2 or more)   
  Senior   
  Senior (2 or more)

I want the billing information sent to:

- My home address   
  My business address

By my signature below, I hereby apply for membership in *Tega Cay Golf Club*. Please list my name on the membership roster as follows:

Name: \_\_\_\_\_ (for office use only) DOB \_\_\_\_\_

### ADDRESS & TELEPHONE INFORMATION

Name:	Phone (home)
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:** \_\_\_\_\_

### ELIGIBLE FAMILY MEMBERS

Name: _____	Birth Date: _____
Name: _____	Birth Date: _____
Name: _____	Birth Date: _____
Name: _____	Birth Date: _____

### MEMBERSHIP

- My Membership will be held in name of \_\_\_\_\_ (Primary Member)

---

**CONTINUED ON BACK**

**PAYMENT OPTIONS (Golf Memberships Only)**

**Prepay Annual Membership Fee-Greater Discount for Renewing Members in Good Standing**

**\*\*PLEASE NOTE THAT PRE-PAY DISCOUNTS APPLY TO MEMBERSHIP FEES ONLY, THEY DO NOT INCLUDE MEMBERSHIP ADD-ONS, SUCH AS TENNIS, DRIVING RANGE, ETC.\*\***

10% Discount- Full Annual Payment--Must be received by December 20, 2017

I have enclosed my check for \$\_\_\_\_\_. Full Amount of Annual Dues

**Pay with 12 Monthly Payments.**

I elect to pay Tega Cay Monthly for my Annual Membership Fee. Please bill the following credit card monthly for the amount of \$\_\_\_\_\_.

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

**REFUND**

**All Annual Fees for Tega Cay Golf Club is Non-refundable.**

**RESIGNATION**

It is agreed that I may resign from *Tega Cay Golf Club* by giving thirty (30) days advance written notice to *Tega Cay Golf Club* and by paying all remaining annual fees and other monthly charges for which I may be liable. I shall not thereafter be subject to any further dues or other charges.

**ASSESSMENTS**

I understand that as a matter of contract with *Tega Cay Golf Club* my annual membership is non-assessable and that I am assuming no liabilities whatsoever in connection with my membership other than the payment of the full Annual Fee and charges incurred by me, my family, and guests in the use of *Tega Cay Golf Club* and that such membership does not confer upon me any ownership of *Tega Cay Golf Club* property or assets.

**RULES & REGULATIONS**

As an Annual Member, I agree to conform to, be bound by, and adhere to the Rules and Regulations of *Tega Cay Golf Club* as they may be amended from time to time.

---

Applicant's Signature

Date

PLEASE RETURN TO CLUB OR MAIL THIS APPLICATION TO:

**TEGA CAY GOLF CLUB  
15803 Molokai Drive  
Tega Cay, SC 29708**