



2026 Annual Golf Membership Application

☐ Renewal
☐ New Member
☐ Initiation Fee
Non Resident **\$2,500**
Resident **\$1,250**

Membership Enrollment Date: _____

Membership Expiration Date: _____

Individual Golf Membership

_____ Annual Fee: \$2,580
_____ Monthly: \$215
_____ Range Add On: \$600

Senior Individual Weekday Golf Membership

_____ Annual Fee: \$2,340
_____ Monthly: \$195
_____ Range Add On: \$600

* 60 Years & Older as of 1/1/2026

Family Golf Membership

_____ Annual Fee: \$3,180
_____ Monthly: \$265
_____ Range Add On: \$660

**The Family of 2 or more includes immediate family consisting of the members spouse and their unmarried children age 23 and under who are living at home or attending school on a full time basis*

Family Senior Golf Membership

_____ Annual Fee: \$2,580
_____ Monthly: \$215
_____ Range Add On: \$660

* 60 Years & Older as of 1/1/2026

PRIMARY MEMBER

Name: _____
(first) (last) (e-mail)

Address: _____
(number & street) (city) (state) (zip code)

Home Phone: (_____) _____ Cell Phone: (_____) _____

ADDITIONAL MEMBER

Spouse: _____
(first) (last) (e-mail)

Children: _____

The above information is complete and accurate to the best of my knowledge. I agree to inform Tega Cay Golf Club of any changes in the status of my personal information above.

1. I understand that member benefits are subject to adjustment on January 1st of each year. Should the member benefits change during my membership period, the benefits that are in effect at my enrollment will prevail through my stated expiration date.
2. Membership privileges begin on the Enrollment Date after the fee or payment is collected and extend through the calendar year. Tega Cay Golf Club reserves the right to suspend or revoke membership privileges for lack of payment or in the event of any serious breach of Club rules or etiquette. No refunds or prorations will be made for early termination. Memberships are not transferable.
3. The course may be unavailable and/or closed from time to time due to outings, events, or maintenance projects.
4. 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.

Member Signature: _____ Date: _____

Tega Cay Golf Club Representative: _____ Date: _____



For 2026 membership, we will be offering a monthly payment option through ACH. If you do not choose to go with ACH, there will be a 3% convenience fee added to your monthly charge. If you wish to avoid this service charge, please take advantage of our ACH payment program.

ACH, or Automated Clearing House, is a payment form that pulls funds directly from your bank and avoids the credit card processing fee. If you would like to participate in the ACH payment option, please complete the attached ACH Authorization Form and return it to the golf shop. All forms will be placed in the Director of Golf's safe and after the information is input into your membership account the document will be destroyed.

If you have any questions, please do not hesitate to contact me directly. We appreciate your continued support of the club and are extremely excited about the upcoming 2026 season.

Warm Regards,

Ty Lefler
Director of Golf

Tega Cay Golf Club

ACH AUTHORIZATION FORM

I, _____, hereby authorize Tega Cay Golf Club, to charge my bank account for the following categories as applicable.

_____ \$215 Monthly Individual

_____ \$195 Monthly Senior

_____ \$215 Monthly Senior Family

_____ \$265 Monthly Family

Account Holder's Signature

_____/_____/_____
Date

The following information shall be encrypted in our operation system in accordance with PCI compliance standards and this portion of the form shall be shredded.

Full Name on Bank Account: _____

ACH Automatic Draft:

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Billing/Account Address:

Street: _____

City: _____ State: _____ Zip: _____

Tega Cay Golf Club

CREDIT CARD AUTHORIZATION

NAME: _____

CONTACT INFORMATION

Address _____

City, State Zip _____

Monthly Amount to Charge: _____

CREDIT CARD INFORMATION

Name (as it appears on card) _____

Credit Card Type _____

Expiration Date _____

Security Code _____

Client Authorization

I hereby authorize Tega Cay Golf Club to reserve credit against the above credit card number issued in my name as a guarantee of payment for the function(s). Tega Cay has my permission to charge the balance due to the above referenced credit card. This document will be destroyed once it is entered into your monthly member file.

Signature of Cardholder

Date