



## 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

### Family Golf Membership

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

### Senior Individual Weekday Golf Membership

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

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

### 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 1<sup>st</sup> 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

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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