

## 2016 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):	
O Single Golf O Family Golf O Social O Non-Resident O Family Soc	ial Dues: \$
O I am including the following fees O Please Bill the following fees:	
O Locker: \$70 March 31st (deduct \$10 for each following month; double for family) *Required for all golfers; optional for all other categories	\$
O Handicap System \$25 (optional)	\$
	Filing Fee <u>\$ 25.00</u>
Application must be accompanied by payment of dues in full unless other arrangement	ts Total Paid: \$
Please Print: (*Required)	Date of Application:
*Name	*Date of Birth//
*Home Address	
Billing Address (if Different)	
*Phone No/ Cell/Alt No/	Work No/
*Email: O No En	nail Address O Please mail newsletter
Spouse's Name Date of Birth/ *Requi	ired for Family Membership
Children's Name	//
& Birth Date	/
May your children sign on your account? Yes No	
Occupation Name of Business & Address	
Statement Options: O Email Statement O Mail Statement O Both	O Please mail statement to work address
*Membership Agreement	
To the Board of Governors:  I/We hereby make application for membership to Ligonier Country Club, granting you the aut  Agree to be governed by the by-laws and all rules and regulations of the Club and to pay a  Understand that Membership Renews Yearly, until notice is received in writing by the c  Have read and understood all definitions, restrictions and fees that apply to my/our chose  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 Agree.	all fees and charges.  office.  en membership category.
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Signature of Applicant Signature of Applicant	Date: Date:
Signature of Applicant	Date.
Referred/Sponsored by:  I recommend this applicant for membership at Ligonier Country Club.	Member
Print Name Signature	Date
For Club Use Only	
Date Received: CC Cash Check no.: Approved by Board of Directors: _	Membership number:



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## 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:		
Street Address:	Zip code:	_
Agreement		
(or next business day) following the	to keep the above card on file and to charge it for a date of the invoice.  Incies to the controller's attention within 10 days of	, and the second
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