



FAUQUIER SPRINGS COUNTRY CLUB MEMBERSHIP APPLICATION

I accept my invitation to membership and provide the following for the Club's use in establishing my membership account at the Club:

_____ Mr. _____ Mrs. _____ Ms. _____ Dr. Marital Status: _____

Name: _____ Date of Birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____

Company Name: _____

Type of Business: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Business Fax: _____

Length of Employment: _____

SPOUSE INFORMATION

_____ Mr. _____ Mrs. _____ Ms. _____ Dr.

Name: _____ Date of Birth: ____/____/____

Cell Phone: _____

Personal Email: _____

Company Name: _____

Type of Business: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Business Fax: _____

Length of Employment: _____

DEPENDENT INFORMATION

Name(s) of Dependents under 23 years of age	Date of Birth	Sex	Charge Privileges?
_____	____/____/____	_____	____ Yes ____ No
_____	____/____/____	_____	____ Yes ____ No
_____	____/____/____	_____	____ Yes ____ No
_____	____/____/____	_____	____ Yes ____ No
_____	____/____/____	_____	____ Yes ____ No

AFFILIATIONS

I am currently a member of the following clubs:

Name	City	Length of Membership
_____	_____	_____
_____	_____	_____

REFERENCES

My Member Sponsor is (if applicable): _____

Other personal references (can be non-members):	Business Phone
_____	_____
_____	_____

Where did you first learn about Fauquier Springs Country Club? _____

MEMBERSHIP INFORMATION

I am applying for membership in the following category (refer to enclosed descriptions and fees):

Category: _____ Stock Purchase \$ _____ Initiation Fee \$ _____

I would prefer my monthly statements be mailed to: _____ my home _____ my business

I authorize the Club to check my credit and employment history and to obtain such information as the Club deems necessary to extend credit to me under the membership account at the Club.

(Applicant's Signature) Date: _____

(Applicant's Signature) Date: _____

PAYMENT OF MEMBERSHIP ACCOUNT

Payment of the account is due on receipt of the monthly statement. Applicant(s) agree jointly and separately to pay the account when due. Applicant(s) agree that the Club may assess a late charge for past-due accounts as provided in the Rules and Regulations of the Club, as amended from time to time. Applicant(s) agree to pay all reasonable attorney fees, investigator fees and costs in the event this account is turned over for collection.

RULES AND REGULATIONS

Applicant(s) and Corporate Designee (if applicable) agree to conform to and be bound by the Rules and Regulations of the Club, as they may be amended from time to time.

APPROVAL FOR MEMBERSHIP

I understand that this application will not be acted upon unless fully completed, signed and accompanied by payment for the full amount of the required fees. Membership is contingent upon approval by the Board of Director's sole and absolute discretion. It is agreed that if this application is not acted upon favorably, the initiation and stock fees shall be promptly refunded, and this agreement shall terminate. All decisions regarding membership shall be made without regard to race, color, sex, creed, religious affiliation or national origin.

FOR OFFICE USE ONLY:	Member Number: _____
Membership Type: _____	Effective Date: ____/____/____