

EAGLE SPRINGS WOMEN'S CLUB

Membership Application

This Membership Application is being entered into and executed on this ____ day of _____, 20____, by _____ ("Applicant") in favor of Eagle Springs Women's Club at Eagle Springs Golf & Country Club. Unless otherwise defined in this Membership Application, or the context hereof otherwise requires, all capitalized terms appearing in this Membership Application shall have the meanings ascribed to them in the Constitution and ByLaws and the Standing Rules of the Eagle Springs Women's Club, or as amended.

1. **General Instructions:** Please print legibly or type all requested information.
2. **Membership:** Membership in the Eagle Springs Women's Club is individual and non-transferable. The membership term is for calendar year beginning January 1 and ending December 31. Dues for mid-year applications will not be prorated. Dues include membership in the Northern California Golf Association.
3. **Applicant Information:**

Name: _____ Birthdate: _____

Mailing Address: _____ City _____ State _____ Zip _____

Email: _____ Phone: (_____) _____

GHIN: _____ Annual Dues: \$60

Other Club Affiliations (optional): _____

4. **Release of Liability:** Membership in the Eagle Springs Women's Club does not entitle the said member to entitlements associated with any membership category of Eagle Springs Golf & Country Club.
5. **Authorization:** By signing this application for membership in the Eagle Springs Women's Club at Eagle Springs Golf & Country Club, I, _____, the undersigned do hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If approved, I agree to observe and be bound by the Constitution and ByLaws and the Standing Rules of the Eagle Springs Women's Club in the present or as may be amended.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership in the Eagle Springs Women's Club at Eagle Springs Golf & Country Club.

Applicant Signature _____ Date _____

Please make check payable to "Eagle Springs Women's Club" and submit with application to:

**ATTN: Eagle Springs Women's Club
Eagle Springs Golf & Country Club
21722 Fairway Oaks Lane
Friant, CA 93626**