

# Application for Membership

The undersigned Applicant applies for an annual revocable license (the Membership) to use the Country Club of Mount Dora. If approved for Membership, the Applicant prefers that the following name be placed on the Membership Roster, as follows:



1900 Country Club Blvd • Mount Dora, FL 32757  
Phone (352) 735-4059 • Fax (352) 735-1677

## Applicant Information

Full Name (Please Print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

Email Address \_\_\_\_\_

Spouses Name \_\_\_\_\_

Spouses Date of Birth \_\_\_\_\_

## Dependant Information (under 21 yrs old)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Charging Privileges

Yes  No

Yes  No

Yes  No

Contact in case of Emergency \_\_\_\_\_

Phone Number \_\_\_\_\_

## Credit Information

Credit Card Number \_\_\_\_\_

Expiration \_\_\_\_\_

Bill Card Monthly?  Yes  No

*(If I do not pay my membership dues within 15 days of receipt you are authorized to charge my credit card on file.)*

## Membership Type

Single Club Social

Family Club Social

Single Social Golf

Family Social Golf

Single 9 Hole

Single Social Rider

Single Golf & Trail (Member Cart)

Family Golf & Trail (Member Cart)

Single Golf & Trail (CCMD Cart)

Family Golf & Trail (CCMD Cart)

Single Weekday Golf

Family Weekday Golf

Single Weekend Golf

Family Weekend Golf

Single Seasonal (Dec 1-May 31)

Family Seasonal (Dec 1-May 31)

Single Seasonal (Jun 1-Nov 30)

Family Seasonal (Jun 1-Nov 30)

Seasonal Club Social (4 Months)

The applicant agrees to authorize The Country Club of Mount Dora to investigate the Applicants credit history and agrees to be bound by the Golf Club Rules and Regulations. It is agreed that this Membership and all persons using the Golf Club under this Membership are bound by the Rules and Regulations of the Golf Club. The Applicant personally and unconditionally guarantees the payment of any and all dues and charges on his/her Membership account made by the Applicant or designated family member(s). All memberships are for 12 consecutive months. A 30 day written notice is to be given when canceling membership. Checks should be payable to The Country Club of Mount Dora.

Signature \_\_\_\_\_

Accepted this \_\_\_\_\_

day of \_\_\_\_\_

in the year \_\_\_\_\_