



THE COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

REACTIVATION/REINSTATEMENT APPLICATION

Date Received _____ Membership # _____

Date first joined _____ Reactivation Date _____

Date left CCL _____ Reactivation Fee _____

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION. THANK YOU.

*Member's name and mailing address (emails and phone numbers are not included in this requirement) may be provided to another club member solely for use regarding the Country Club of Lexington. This is in accordance with the law(s) governing our Corporation by the State of South Carolina. The Country Club of Lexington also has a policy in regards to Member's Mailing Address, copy of the **CCL By-Laws and Policies Manual** on our website.

MEMBER'S INFORMATION – By signing below, I confirm all information is correct and, per my original application, will abide by all club by-laws and policies.

MEMBER'S FULL NAME _____ Preferred name (i.e. nickname) _____

Date of Birth _____ Do you have an SCGA Handicap with CCL? (Required to participate in CCL tournaments): **YES NO Need One**

Date Original Joined Club (estimate if unsure) _____ **Social Member Only – Annual Range Fee:** **YES NO**

Home telephone number _____ Cell/Mobile telephone number _____

Home Physical Address _____

Mailing Address (if different) _____

Email address _____

Email address to send monthly statement (Enter "US MAIL" if you require a paper statement): _____

If retired, please list from what occupation you retired.

Occupation/Job title _____ No. of years with Business _____

Business Name _____

Business Address _____

Business telephone number _____ Fax _____

My interest include (circle all that apply): GOLF, TENNIS, SWIMMING, SOCIAL EVENTS, DINING, BOARD MEMBER, SERVE ON _____ COMMITTEE(S), List any additional interest _____

► **SIGNATURE** (Member) _____ Date _____

SPOUSE'S INFORMATION – By signing below, I confirm all information is correct and, per our original application, will abide by all club by-laws and policies.

SPOUSE'S FULL NAME _____ Spouse's Preferred name (i.e. nickname) _____

Date of Birth _____ Do you have an SCGA Handicap with CCL? (Required to participate in CCL tournaments): **YES NO Need One**

If retired, please list from what occupation you retired. **Social Member Only – Annual Range Fee:** **YES NO**

Occupation/Job title _____ No. of years with Business _____

Business Name _____

Business Address _____

Business telephone number _____ Cell/Mobile telephone number _____

Email address _____

My interest include (circle all that apply): GOLF, TENNIS, SWIMMING, SOCIAL EVENTS, DINING, BOARD MEMBER, SERVE ON _____ COMMITTEE(S), List any additional interest _____

► **SIGNATURE** (Spouse) _____ Date _____

FAMILY INFORMATION

Please list only your **dependent children** (up to the age 25 that are single and full-time students).

****Social Members ONLY**
Check **last box** for Driving Range Use - **Annual Fee per person billed each January**

Full Name (& "Nickname")	Date of Birth	Interest	cell/email address (optional)	
1. _____	_____	_____	_____	SCGA [] []
2. _____	_____	_____	_____	SCGA [] []
3. _____	_____	_____	_____	SCGA [] []
4. _____	_____	_____	_____	SCGA [] []
5. _____	_____	_____	_____	SCGA [] []

All information on this form is **CONFIDENTIAL**. It is for the membership file of the above **Country Club of Lexington** member, and for club use **ONLY** (*exception see above). Unauthorized use of this information is strictly prohibited and violators may be prosecuted to the full extent of the law.