



# THE COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

## REQUEST FOR CHANGE IN MEMBER STATUS

Date Received \_\_\_\_\_ Member since \_\_\_\_\_

Membership Number # \_\_\_\_\_ Effective Date \_\_\_\_\_

Form updated August 27, 2013

To the Board of Directors of the Country Club of Lexington:

I hereby request that my membership be changed from \_\_\_\_\_ to \_\_\_\_\_. I also understand that I may request to return to my former status only after one (1) year from the effective date of this status change. Attached, if needed, is any documentation need to qualify for the change. I am aware of the differences that come with this change and agree to abide by the Constitution, By-laws, Rules and Policies of said Club and all subsequent amendments, additions and alterations that may be made thereto.

### PRINT OR TYPE ALL INFORMATION – both sides MEMBER'S INFORMATION

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

Date of Birth \_\_\_\_\_ I need to establish a SCGA Handicap (Annual fee applies) Circle one: YES NO

Home telephone number \_\_\_\_\_ Cell/Mobile telephone number \_\_\_\_\_

Home Physical Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email address \_\_\_\_\_

Occupation/Job title \_\_\_\_\_ No. of years with Business \_\_\_\_\_

Business Name (if retired, please list you're your field of expertise, thank you) \_\_\_\_\_

Business Address \_\_\_\_\_

Business telephone number \_\_\_\_\_ Fax \_\_\_\_\_

Previous Employer \_\_\_\_\_

Credit Reference (personal Bank and Location) \_\_\_\_\_

Have you been convicted of, pleaded guilty, or no contest to, or been convicted of any misdemeanor or felony? (Exclude minor traffic violations).

(Circle one): YES NO If Yes, please explain. (Will not necessarily exclude you from consideration) \_\_\_\_\_

► APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

### SPOUSE'S INFORMATION

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

Date of Birth \_\_\_\_\_ I need to establish a SCGA Handicap (Annual fee applies) Circle one: YES NO

Occupation/Job title \_\_\_\_\_ No. of years with Business \_\_\_\_\_

Business Name (if retired, please list you're your field of expertise, thank you) \_\_\_\_\_

Business Address \_\_\_\_\_

Business telephone number \_\_\_\_\_ Cell/Mobile telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Previous Employer \_\_\_\_\_

Have you been convicted of, pleaded guilty, or no contest to, or been convicted of any misdemeanor or felony? (Exclude minor traffic violations.) (Circle one): YES NO If Yes, please explain. (Will not necessarily exclude you from consideration) \_\_\_\_\_

► SPOUSE'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Briefly reason for your change request (more space on page 2 or attach a cover sheet): \_\_\_\_\_

## FAMILY INFORMATION

Please list the names of all your dependent children, (*Age limit and requirements described in CCL By-laws*)

FULL NAME ( <i>Nickname</i> )	DATE OF BIRTH	SCGA HANDICAP	INTEREST
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

IN CASE OF AN EMERGENCY, PLEASE NOTIFY (*list name and phone number*) \_\_\_\_\_

**ADDITIONAL INFORMATION - This section is optional and we appreciate your input by completing the following. Thank you.**

Please circle which club activities you and your family have an interest in participating.

Charges to club account ( <i>Form on website to add children's signature</i> )	Member	Spouse	Children
Account Draft Payment Option ( <i>application on website</i> )	YES	NO	
CCL Buyers Club –Annual fee of \$125 ( <i>Special discounts on merchandise</i> )	YES	NO	
Annual Range Program – Annual fee of \$120 ( <i>Social members only</i> )	YES	NO	
<b>Golf</b>	Member	Spouse	Children
Club tournaments	Member	Spouse	Children
Men's Golf Association	Member	Spouse	
Senior Men's Golf Association	Member	Spouse	
Ladies Golf Association	Member	Spouse	
Junior Golf Clinics ( <i>participant/adult helpers</i> )	Member	Spouse	Children
Golf lessons	Member	Spouse	Children
<b>Tennis courts (<i>general use</i>)</b>	Member	Spouse	Children
Tennis League	Member	Spouse	Children
Tennis lessons	Member	Spouse	Children
Tennis clinics	Member	Spouse	Children
<b>Pool</b>	Member	Spouse	Children
Swim lessons ( <i>children</i> )			Children
Swim team ( <i>participant or parent committee</i> )	Member	Spouse	Children
<b>Food Services (<i>Note: We do not have a food minimum</i>)</b>	Member	Spouse	Children
Evening Dinner ( <i>A la Carte 6:00-8:00</i> ) Please circle each day you may support	Wednesday	Thursday	Friday
Buffets ( <i>Sunday Holidays 11:00-2:00 and One Thursday per month 6:00 – 8:00</i> )	Holidays	Thursdays	Others if offered
<b>Social functions (<i>Holidays/Special Occasions</i>)</b>	Member	Spouse	Children

*Please list any additional information you would like noted on your records. If needed, use additional page and attach. Thank you.*

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