



THE COUNTRY CLUB OF LEXINGTON

1066 Barr Road, Lexington, SC 29072

To the Board of Directors of the Country Club of Lexington:
I hereby make application to reactivate/reinstatement my membership in the Country Club of Lexington.
I 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.

REACTIVATION/REINSTATEMENT APPLICATION

PRINT OR TYPE ALL INFORMATION – both sides

Date Received _____ Time Received _____
Membership Number # _____ Activation Date _____
Originally joined _____ Date left CCL _____

A Reactivation Fee does apply. However, the CCL Board of Directors may reduce or waive the fee after reviewing your reason for leaving CCL. Please be specific. Thank You.

PRINT OR TYPE ALL INFORMATION – both sides

MEMBER'S INFORMATION

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

Date of Birth _____ SCGA Handicap Program (Circle one): **YES NO Need to Establish**

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 _____

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) _____

► **SIGNATURE** (Applicant) _____ Date _____

SPOUSE'S INFORMATION

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

Date of Birth _____ SCGA Handicap Program (Circle one): **YES NO Need to Establish**

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

Business Name _____

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) _____

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

Describe the reason you left CCL (Documents or letter(s) may also be attached for board consideration): _____

Only signed and completed applications will be reviewed by the Board of Directors.

All information on this form is **STRICTLY CONFIDENTIAL** . . . to be used by **The Country Club of Lexington – ONLY!**

FAMILY INFORMATION

Please list the names of all your dependent children, up to the age 25 that are full-time students.

FULL NAME (Nickname)	DATE OF BIRTH	SCGA HANDICAP	INTEREST
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY (list name and phone number) _____

PRESENT AND PAST CLUB MEMBERSHIPS (List the Club, location and number of years as a member):

- _____
- _____
- _____

ADDITIONAL INFORMATION - Optional – Thank you for completing this portion.

Please circle which club activities you and your family plan to participate.

	Member	Spouse	Children
Charges to club account			
Account Draft Payment Option	YES		NO
Golf	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	
Ladies Golf Clinics	Member	Spouse	
Junior Golf Clinics (participant/adult helpers)	Member	Spouse	Children
Golf lessons	Member	Spouse	Children
Tennis courts (general use)	Member	Spouse	Children
Tennis League	Member	Spouse	Children
Tennis lessons	Member	Spouse	Children
Tennis clinics	Member	Spouse	Children
Pool	Member	Spouse	Children
Swim lessons (children)			Children
Swim team (participant or parent committee)	Member	Spouse	Children
Social functions (Holidays/Special Occasions)	Member	Spouse	Children

Additional comments: _____

