



Membership Application

The Rock Golf Club & Resort ____ Legacy Pines Golf Club ____ Both (\$25 additional/month) ____

Applicant's Name: Last _____ First _____ Middle Initial _____

Referred by: _____

Category of Membership: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Email: _____

Spouse Name: _____ Date of Birth: _____

Children's Names (Up to age 23 and still have same permanent address)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Under this contract, you agree to join Legacy Pines Golf Club and/or The Rock Golf Club & Resort for a minimum of 12 months. An early termination fee of \$200 will apply with the following exceptions: permanent injury, relocation outside of the area and/or loss of employment. You will be responsible for your 12 dues payments even if you do not play golf or use the facility during that time. Dues may be paid monthly or annually by cash, check or credit card. Your payment is due in full by the 10th of the month. If payments are not received within 30 days, your membership will be made inactive and any past due amounts after 90 days will be sent to a collections agency.

I would like to be billed: Monthly ____ Annually ____

Applicant's Signature: _____ Date: _____

Application received by: _____ Date: _____

Office Use Only:

Category of Membership: _____ Date: _____