



MEMBERSHIP APPLICATION

THE WOODS at Jacksonville P. O. Box 2317 Jacksonville, Texas 75766 Office 903-589-1706 Fax: 903-586-0594

APPLICANT NAME

NAME _____

BIRTH DATE _____

SPOUSE _____

BIRTH DATE _____

MAILING ADDRESS _____

CITY _____ ZIP _____

HOME PHONE # _____

CELL # _____

E-MAIL ADDRESS _____

TX LICENSE# _____

CHILDREN LIVING IN YOUR HOUSEHOLD UNDER AGE OF 21

NAME _____ BIRTH DATE _____

NAME _____ BIRTH DATE _____

NAME _____ BIRTH DATE _____

REFERENCES

I authorize The Woods at Jacksonville to check applicable credit information and I authorize The Woods at Jacksonville to apply past due amounts over 45 days in arrears to my credit card stated within this application.

BANK _____ PHONE _____

CREDIT CARD _____ CARD NUMBER _____ EXP. _____

MEMBERSHIP CATEGORY

_____ FULL \$180/MONTH PLUS TAX - INITIATION FEE \$1,000.00

_____ SOCIAL (TENNIS, POOL & CLUBHOUSE) -

\$110/MONTH PLUS TAX - INITIATION FEE \$250.00

_____ CLUBHOUSE (RESTAURANT AREA ONLY) -

\$70/MONTH PLUS TAX - INITIATION FEE \$150.00

_____ CORPORATE \$160/MONTH PLUS TAX (MINIMUM OF THREE MEMBERS)

- INITIATION FEE \$1000.00

DRIVING RANGE INFORMATION

_____ \$30 MONTHLY TRAIL FEE ONLY

_____ \$55 MONTHLY CART SHED & TRAIL FEE

_____ \$200 SINGLE YEARLY DRIVING RANGE

_____ \$300 FAMILY YEARLY DRIVING RANGE

I hereby apply for membership in The Woods at Jacksonville Golf & Country Club of Jacksonville, Texas and agree to abide by the rules and regulations set forth by the club.

I understand that the facts and statements made by me herein are representations upon which management will rely in approving this application.

Applicant's Signature

Date