



Date: \_\_\_\_\_

## Membership Application

### Type of Membership Applying For

- Traditional Golf     
  Medalist Golf     
  Birdie     
  Sports     
  Social  
 Fitness Add-on (*Golf Memberships Only*)

### Applicant's Information

- Mr.   
  Mrs.   
  Ms.   
  Miss.   
  Dr.

Full Name: \_\_\_\_\_  
                                 *Last*    *First*    *M.I.*

Address: \_\_\_\_\_  
                                 *Street Address*    *Apartment/Unit #*

\_\_\_\_\_

*City*    *State*    *ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Wedding Anniversary: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
                                 *Street Address*

\_\_\_\_\_

*City*    *State*    *ZIP Code*

Business Phone: \_\_\_\_\_ Years of Employment: \_\_\_\_\_

### Spouse/Significant Other Information

- Mr.   
  Mrs.   
  Ms.   
  Miss.   
  Dr.

Full Name: \_\_\_\_\_  
                                 *Last*    *First*    *M.I.*

Address: \_\_\_\_\_  
                                 *Street Address*    *Apartment/Unit #*

\_\_\_\_\_

*City*    *State*    *ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*ZIP Code*

Business Phone: \_\_\_\_\_ Years of Employment: \_\_\_\_\_

### Children (If Between the Ages of 18-25, Child Must be Living with Member)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Member Referral (If Applicable)

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Previous Club Membership(s)

Club Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Private  Public

Club Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Private  Public

## Authorizations

I hereby apply for membership at Beau Chêne Country Club ("the Club"). Upon notification of approval, I will pay the balance of the initiation fee in accordance with the Club Membership Fee Schedule. I understand that membership in the Club does not confer any ownership interests or rights in the Club, its property, or its assets. I understand that "the Club" means The Earnest Corporation doing business as Beau Chêne Country Club.

I agree to pay all dues, fees, collection costs, and other charges accrued by me, my family, and my guests, in accordance with the Club Rules & Regulations and Membership Fee Schedule. I understand that resignation from the Club requires 30 days advance notice and is subject to the terms in the Club Rules & Regulations. I understand that the Club may terminate my membership at any time.

I hereby release, indemnify, and hold harmless the Club and its agents, officers, servants, shareholders, and employees, of and from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, my family, or my guests or any property of me, my family, or my guests, while in, on, or upon the property of the Club.

I authorize the Club to contact any reference listed in this application, including my spouse, and to obtain any and all other information from any source deemed reasonably necessary to the approval of this application. I authorize the Club to obtain such information as may be required to verify any and all information provided herein including such information as my payment history available from creditors or credit reporting agencies as permitted by the Fair Credit Reporting Act and the Louisiana Consumer Credit Law.

If this is a corporate membership, I certify that I am authorized for and entitled to membership privileges by my company. I understand that both the company and I are jointly liable for all fees, dues, and charges incurred.

I acknowledge that I have received and read the Club Rules & Regulations. I agree to abide by the Club Rules & Regulations, which are subject to amendment with or without notice.

I certify that all information provided in this application is true and correct to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## Billing Options

Check     ACH     Debit/Credit Card (Visa/Mastercard) **(a 2.8% surcharge will be added)** \_\_\_\_\_ *initial*

Billing can be sent either by email, paper, or both. Please select one of the following:  Email     Paper     Both

## Billing Address or Mailing Address (if differs from physical address)

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

Email: \_\_\_\_\_