



Carroll Country Club
Family Social
Membership Application

Date:	
Primary Member Name:	Primary Member Date of Birth:
Spouse Name:	Spouse Date of Birth:
Child Name/Names + Date of Birth:	
Home Address:	
Phone Number:	Secondary Phone Number:
Email Address:	
Secondary Email Address:	

Required Fees

Full Social Membership:	\$59/month
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Would you like to join our email mailing list? YES NO

Are you willing to accept monthly billing statements via your primary email? YES

NO

Family social members have unlimited access to the restaurant, bar and swimming pool.

Family social members can play three rounds of golf per year at the guest green fee rate.

Additional Fees

- I. Shareholder Fee: All members must pay a one-time shareholder fee for \$100 which allows you to vote in all club elections. This fee will be assessed on your first month bill.

- II. Club Improvement Fund: All social members must pay \$5 per month for the club improvement fund. You have the option to be billed monthly or annually.
Please circle whether you would like to be billed MONTHLY or ANNUALLY

- III. Food Minimum: \$50 per month for Family Members. Food minimums must be spent monthly on food orders only. Unfortunately, alcoholic beverages, bar snacks and snack shack goods do not count towards your monthly total. If you do not spend the total of your minimum by the last day of the month, you will be charged the difference on your monthly bill. You have the option to be billed monthly or annually.
Please circle whether you would like to be billed MONTHLY or ANNUALLY

Optional Services

Annual fees for these services will be billed on the April statement.

Range Membership:	\$250 family	\$200 couple	\$125 individual
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Auto Gratuity

If you would like a gratuity automatically added to your dining and bar tickets, please indicate which percentage you would prefer. This is not required.

15%	18%	20%	Other:
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Auto Debit

If you would like your monthly statement of charges automatically withdrawn from your bank account, please fill out the following and provide a voided check:

Bank Name:
Bank Address:
Routing Number:
Account Number:

Member Signature: _____

Print Name: _____

Date: _____

General Manager Signature: _____