

# Membership and/or Player's Pass Application

Select Type of Membership:		
☐ Full Membership	Full Membership - Resident	
Weekday Membership	Weekday Membership - Resident	
☐ The Quail/Player's Pass	☐ The Iris/Senior Player's Pass	
☐ The Mockingbird/Junior (17 & Under)	☐ The Firefly/Practice Player's Pass	
Please Print	t Carefully	
Applicant's Full Name:	DOB (mm/yyyy):	
Home E-Mail Address:	Cell Ph. No.:	
Spouse's Full Name:	DOB (mm/yyyy):	
Home E-Mail Address:	Cell Ph. No.:	
Home Address:		
Home Phone No:		
Dependent(s) Name(s): DOB	(mm/yyyy): Age(s):	

#### Are you or your spouse interested in the following?

### Please check all boxes that apply:

☐ Men's League	☐ Women's League	**
☐ Couples' League	$\square$ Lessons	
☐ Junior Golf	☐ Group Lessons	circa 1996
☐ Handicap	☐ Tournaments	

- Memberships do not include carts, please check with staff to determine cart fee structure.
- > 7-Day and 5-Day Memberships include Handicap Fees. All other options do not include Handicap Fees.
- > Des Mahoney, PGA conducts all lessons at Tennessee Centennial, his contact info is available in the Golf Shop.
- Men's and Women's Golf Leagues may consist of annual fees that include name in the certified handicap computer, entry fees for club tournaments and other golf functions for members.

## Rules, Regulations and Conditions of Membership

#### **Article One: House Rules**

If accepted for membership, I agree that such membership at all times shall be subject to the rules and regulations of Tennessee Centennial Golf Course. If my application is accepted and approved, I agree to pay in full the membership dues per member classification as it becomes due and any rental and/or activity fees.

I understand and agree to comply with the General Rules of Tennessee Centennial Golf Course and that these may be amended from time to time. I understand and agree that if I do not abide by these rules and regulations (a copy of which I will be furnished upon approval of membership and a current copy will be available at all times in the Golf Shop), the General Manager may issue a suspension or termination of membership.

I understand that Tennessee Centennial Golf Course nor the City of Oak Ridge, Tennessee, are not responsible or liable for any loss, theft, damage, or injury to property or persons of members and guests. All members and guests use the club facilities at their own risk.

I understand that management reserves the right to make necessary changes to all rules, regulations, bylaws, dues, etc. of Tennessee Centennial Golf Course., from time to time at their discretion.

#### **Article Two: Membership**

I understand that I must be at least 18 (eighteen) years of age to apply for and be eligible for membership at Tennessee Centennial Golf Course, unless applying for Junior Membership; then a parent or legal guardian must co-sign this agreement.

I understand that my initial membership agreement at Tennessee Centennial Golf Course lasts for 12 (twelve) months from the approval date.

I understand that the membership rates in effect at the time of approval by management will be honored for the duration of this initial 12 (twelve) month period.

#### **Article Three: Termination of Membership**

I agree that if I terminate or the Club terminates my membership within 12 (twelve) months of the approval date, I will pay one hundred-percent (100%) of dues remaining on the initial 12-month membership agreement.

I understand and agree that in the event of my resignation, I am ineligible to apply for reinstatement to Tennessee Centennial Golf Course for a period of 12 (twelve) months from the date of my resignation notice and approval.

I understand that dues are not tax deductible under the law per IRS code.

I understand and agree that by providing my signature, this is a binding contract between me and Tennessee Centennial Golf Course/City of Oak Ridge, Tennessee.

I agree to abide by this contract and if I do not, I am in breach of contract with Tennessee Centennial Golf Course/City of Oak Ridge, Tennessee.

I agree that a letter of resignation is required and must be approved and signed by management to terminate this binding contract.

SEEN AND AGREED:		
Date:	Printed Name:	
	Signature:	
	Witness:	Date:

# Your credit card will be billed the first of each month for your current charges. REQUIRED INFORMATION

Credit Card Type:	Credit Card Number:	_
Exp. Date: CVV:	Name as it appears on Card:	
Signature of Cardholder:		
Signature:	Date:	
Statements and/or receipts may To what E-Mail address would	· · · · · · · · · · · · · · · · · · ·	
Please Clearly Print E-Mail Addr	ess	
FOR OFFICE USE ONLY:		
Date Received:	_	
Yearly or Monthly Charges: \$		
Date Accepted:	_	
Member/Club Number:		