

MEMBERSHIP APPLICATION

(Please print all information clearly)

Full Name of Applicant: _____

First

Middle

Last

Address: _____

Street

City

State

Zip

Phone: _____ Cell: _____ Fax: _____

e-mail: _____ Date of Birth _____

Spouse: _____ Date of Birth _____

List name(s) and birth dates of all dependent children eligible to use the Club facilities on this account

Billing Address _____

Membership Category for which applying: _____

Employer _____ Position _____

Employer Address _____ Phone _____

Bank Reference: _____ Phone _____

OCC member reference(s): _____, _____

If elected to membership, I agree to abide by all rules, regulations, and By-Laws of the Okefenokee Country Club. Specifically, I agree to pay my account in full within 10 days of receipt of bill and to pay 1.5% per month interest on all charges over 30 days old together with all costs of collection including reasonable attorney fees. The Applicant signing below agrees to be responsible for all applicable fees and dues, agrees to keep a valid credit card on file at all times, and consents that the club can use the credit card for payment of all charges over 60 days old.

Upon approval, membership agreement must be maintained for a minimum of one year.

Date _____ Applicant's Signature _____

Date of Board Approval _____

Okefenokee Country Club
1204 S. River Oaks Drive
Blackshear GA 31516
912 283-7400 fax 912 284-9975



Credit Card Authorization Form

Member agrees and understands that a late charge up to the maximum amount allowable by law, or other penalties, may be assessed for past-due accounts as provided for in the Bylaws of the Club, as amended from time to time. In addition to late fees, penalties may include, but are not limited to suspension of Club privileges and/or expulsion from membership. Member further agrees to maintain a major credit card account in Member's name on file with the Club at all times. In the event that Member's account becomes more than thirty (30) days past due, Club shall have the right to bill such past due amount to Member's credit card. By signing below, Member agrees to and fully authorizes all such charges to credit card accounts(s) listed below. Payments on delinquent accounts apply first to reduce late charges and accrued dues, then to food and beverage charges, then to any other charges. Any fees assessed for untimely payment of any applicable dues, fees, or charges will appear on Member's statement, including any charges made to Member's credit card for payment of same. Member agrees to pay all reasonable attorneys' fees, investigator fees, and costs the event this account is turned over for collection. Member understands a current credit card with open credit must be kept on file at all times or the membership will be resigned.

Name as it appears on card _____

Card Number _____

Expiration date _____ CVV number _____

Applicant signature _____ Date _____

Spouse Signature _____ Date _____

Please contact the accounting office for information on automatic bank draft or credit card draft for monthly statements. 912-283-7400 ext 221 or 222.