

**Clarksville Country Club  
690 PR 7010  
Clarksville, TX 75426  
903-427-3450**

**APPLICATION FOR MEMBERSHIP**

**DATE OF APPLICATION:** \_\_\_\_\_

( ) IN COUNTY MEMBERSHIP - STOCK PURCHASE \$200 + FIRST MONTHS DUES \$140 + TAX \$9.45 = \$349.45 DUE AT SIGNING

( ) OUT OF COUNTY MEMBERSHIP - STOCK PURCHASE \$200 + FIRST MONTHS DUES \$115 + TAX \$7.76 = \$322.76 DUE AT SIGNING

( ) 35 & UNDER MEMBERSHIP – STOCK PURCHASE \$200 + FIRST MONTHS DUES \$80 + TAX \$5.40 = \$285.40 DUE AT SIGNING (only good for 1 year)

**PLEASE TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES**

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

FIRST                      MIDDLE                      LAST

**RESIDENCE**

**ADDRESS:** \_\_\_\_\_

STREET                                      CITY                                      STATE                                      ZIP

**BUSINESS**

**ADDRESS:** \_\_\_\_\_

STREET                                      CITY                                      STATE                                      ZIP

**EMAIL**

**ADDRESS:** \_\_\_\_\_

**BIRTHDAY:** \_\_\_\_\_

**MARITAL STATUS:** MARRIED\_\_ SINGLE\_\_ WIDOWER\_\_ WIDOW\_\_

**SPOUSE'S**

**NAME:** \_\_\_\_\_

NAMES OF CHILDREN UNDER 21 YEARS OF AGE LIVING AT HOME

**BIRTHDAY**

AND/OR A FULL TIME STUDENT OR FULL TIME MILITARY.  
YEAR

MONTH

DAY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**Would You Like You Statements :** Mailed\_\_\_\_\_ Emailed\_\_\_\_\_ Both\_\_\_\_\_

**Do You Wish to Sign up for our GHIN membership (Handicap Program) :** Yes\_\_\_\_\_ No\_\_\_\_\_  
(Cost for this program is \$40 your first year & \$25 every year after.)

**Do you have a golf cart you will be using at the Clarksville Country Club :** Yes\_\_\_\_ No\_\_\_\_

**Do you need a cart storage :** Yes\_\_\_\_ No\_\_\_\_  
(if not storages are available at the time of your application you will be put on a waiting list)

**Will you need access to our dumpster (\$14 fee) :** Yes\_\_\_\_ No\_\_\_\_

RECOMMENDED BY THREE (3) MEMBERS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE APPROVED:** \_\_\_\_\_

\_\_\_\_\_  
SECRETARY, CCC BOARD OF DIRECTIONS

