**LAKE CITY COUNTRY CLUB**

**P.O. Box 1244**

**Lake City, SC 29560**

**(843) 374-3415**

**Lake City Country Club consists of an 18-hole golf course, swimming pool, member’s lounge, social events, and dining/banquet facilities.**

|  |  |
| --- | --- |
|  | DUES PAYMENT SCHEDULE |
|  | **ANNUAL** | **SEMI-ANNUAL** | **QUARTERLY****\*Debit/Credit** | **MONTHLY****\*Debit/Credit** |
| Full Membership | **800.00** | **400.00** | **200.00** | **67.50** |
| Non-Resident 15-30 Miles | **600.00** | **300.00** | **150.00** | **50.00** |
| Non-Resident 30-50 Miles | **400.00** | **200.00** | **100.00** | **35.00** |
| Non-Resident Over 50 Miles | **200.00** | **100.00** | **50.00** |  |
| Junior Membership | **390.00** | **195.00** | **97.50** | **32.50** |
| Junior Non-Res Over 15 Miles | **260.00** | **130.00** | **65.00** | **22.00** |
| Social Membership | **300.00** | **150.00** | **75.00** |  |

\*Quarterly or Monthly rates require a credit or debit card on file.

**EXPLANATION OF MEMBERSHIPS**

**Full Membership– Includes golfing privileges, swimming pool, clubhouse facilities and social activities.**

**Non- Resident– Open to persons residing over 15 miles from Lake City. This membership includes all facilities and activities. Rates depend on the travel distance.**

**Junior Membership –Includes all privileges of a full membership through age 35.**

**Social Membership– Includes swimming pool, use of Pro Shop and social activities**

**APPLICATION FOR MEMBERSHIP**

**LAKE CITY COUNTRY CLUB**

**Lake City, SC 29560**

*\*Additional form*

*(Please select one)*

**🖵 Full 🖵 N/R 15-30 🖵 N/R 30-50 🖵 N/R 50+ 🖵 Junior 🖵 Junior 15+ 🖵 Social**

 *(Please select one)*

**🖵 CASH/CHECK 🖵 CREDIT/DEBIT\***

*(Please select one)*

**🖵 Annual 🖵 Bi-annual 🖵 Quarterly 🖵 Monthly**

**Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Married / Single Wife’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_**

**I wish to be notified of upcoming events by:**

 **🖵 Text message Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **🖵 E-Mail**

 **🖵 Do not notify me of upcoming events.**

*It is understood that if I do not comply with the By-Laws of Lake City Country Club and the rules and regulations promulgated by the Board of Directors and different committees, I will be subject to suspension or expulsion by the Board of Directors.*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature of Applicant

Recommended By:

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

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

Applicant must be recommended by at least two members.

 **CREDIT/DEBIT CARD AUTHORIZATION FORM**

MasterCard - Visa – Discover

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

Card Holders Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Billing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Holder Phone Number: ( ) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

Card holder email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Holder Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize LCCC to make charges to my Credit/Debit Card in consideration for products as requested by me.

**Payment Schedule (Please Check One)**

 One annual payment in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Two biannual payments in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Four quarterly payments in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Twelve Monthly payments in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_.

Return to:

**LCCC**

**PO Box 1244**

**Lake City, SC 29560**

**843-374-3415 – Pro Shop**