**LOVINGTON COUNTRY CLUB**  
**Membership Application & Agreement**  
*Please print clearly and complete all sections. Incomplete applications will not be considered.*

**APPLICANT INFORMATION**

**Applicant Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Spouse Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Note: We will send your invoice and statement via email unless otherwise specified.  
**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION**

**Children up to age 23 (Name & Age):**

(Up to age 23, if attending college)

**PERSONAL REFERENCES (Non-Family)**

**Reference 1**  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference 2**  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT INFORMATION**

**A credit card on file is required for all memberships.**

Please enclose or attach your check in the amount of:

* **$1,000.00 Initiation Fee**
* **$180.00 First Month’s Dues**  
  *(Monthly dues effective March 1, 2025, are $180.00)*

**AND** provide your credit card information below:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to Lovington Country Club to charge my card, on the 1st of every month, for the reoccurring monthly dues on my account. My card details will be stored and will only be charged for the approved reoccurring monthly dues.

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

Member Signature Date

**Name on Card:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Card Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **CVV:** \_\_\_\_\_\_\_  
**Billing Zip Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TERMS OF AGREEMENT**

I understand and agree that I, and all individuals granted privileges under my membership, shall comply with all current and future bylaws, rules, and regulations of the Lovington Country Club.

I understand that my membership continues a month-to-month basis unless I submit written notice of termination to the Secretary/Treasurer of the Club. Termination becomes effective only upon acceptance by the Board of Directors or at the first regular Board meeting following receipt of notice, whichever is earlier.

Termination does not relieve me of financial obligations owed prior to the effective date.

The bylaws of the Lovington Country Club, Inc. are incorporated herein by reference. If legal proceedings are required to enforce this agreement, the prevailing party will be entitled to reasonable attorney’s fees and any other lawful remedies.

This application is dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
If approved by the Club within 30 days, this agreement becomes effective immediately and is subject to a 90-day probationary period.

**SIGNATURES**

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Applicant Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse Signature (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Spouse Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR CLUB USE ONLY**

The foregoing Membership Application and Agreement is accepted and approved by Lovington Country Club, Inc. this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_**, 20**\_\_

Membership privileges and obligations are retroactive to the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_**, 20**\_\_

**Chairman, Board of Directors:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_