



## Membership Application

☐

RESIDENT GOLF EQUITY

☐

RESIDENT SOCIAL EQUITY

☐

NON-RESIDENT SOCIAL EQUITY

ADDRESS OF PROPERTY TO BE PURCHASED: \_\_\_\_\_

SELLER(s): \_\_\_\_\_

PLEASE SUBMIT THE FOLLOWING WITH THE MEMBERSHIP APPLICATION 30 DAYS BEFORE CLOSING.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

THE 30 DAY TIME PERIOD FOR PROCESSING STARTS THE DAY THE COMPLETED APPLICATION IS RECEIVED

\_\_\_ FULLY EXECUTED SALES CONTRACT

\_\_\_ COPIES OF BOTH APPLICANTS DRIVERS LICENSES

\_\_\_ A 10% DEPOSIT CHECK FOR MEMBERSHIP (\$12,500 FOR GOLF MEMBERSHIP OR \$4,000 FOR SOCIAL MEMBERSHIP)  
PLEASE MAKE ALL CHECKS OUT TO: EAGLE CREEK GOLF & COUNTRY CLUB.

\_\_\_ 3 PERSONAL REFERENCES

\_\_\_ COMPLETED PERSONAL FINANCIAL STATEMENT

### BUYER'S REAL ESTATE AGENT:

NAME OF AGENT(S): \_\_\_\_\_ BROKERAGE NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ REALTORS E-MAIL: \_\_\_\_\_

AGREEMENT OF SALE DATE: \_\_\_\_\_ CLOSING DATE \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT EAGLE CREEK: \_\_\_\_\_

### PURCHASERS:

NAME(S) (AS IT WILL APPEAR ON THE DEED): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**APPLICANT:** NAME OF PERSON WHO WILL BE DESIGNATED MEMBER (MUST BE A NATURAL PERSON WHO HAS AN OWNERSHIP INTEREST IN PURCHASED PROPERTY OR PURCHASER):

FIRST:\_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST:\_\_\_\_\_

TELEPHONE:\_\_\_\_\_ FAX:\_\_\_\_\_ CELL:\_\_\_\_\_

EMAIL ADDRESS:\_\_\_\_\_

RELATIONSHIP OF APPLICANT TO PURCHASER(S):\_\_\_\_\_

**PERSONAL INFORMATION: APPLICANT**

MARRIED\_\_\_\_\_ WIDOW\_\_\_\_\_ WIDOWER\_\_\_\_\_ SINGLE\_\_\_\_\_

ANNIVERSARY DATE:\_\_\_\_\_ DATE OF BIRTH:\_\_\_\_\_ GHIN# \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SCHOOLS/COLLEGES WITH DEGREES: \_\_\_\_\_

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

PLEASE ATTACH CV/ RESUME OR COMPLETE BELOW

**BUSINESS/EMPLOYER INFORMATION- APPLICANT (IF RETIRED, FORMER BUSINESS):**

BUSINESS/EMPLOYER NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE:\_\_\_\_\_ YEARS IN POSITION \_\_\_\_\_

NATURE OF BUSINESS AND/OR OCCUPATION: \_\_\_\_\_

LAST TITLE AND/OR POSITION: \_\_\_\_\_

HISTORY OF EMPLOYMENT: \_\_\_\_\_

**NAME OF APPLICANT'S SPOUSE/SPOUSAL EQUIVALENT COMPANION/SIGNIFICANT OTHER**

FIRST:\_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST:\_\_\_\_\_

TELEPHONE:\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH:\_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

SCHOOLS/COLLEGES WITH DEGREES: \_\_\_\_\_

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

**BUSINESS/EMPLOYER INFORMATION- APPLICANT'S SPOUSE/SPOUSAL EQUIVALENT COMPANION/SIGNIFICANT OTHER**

(IF RETIRED, FORMER BUSINESS):

BUSINESS/EMPLOYER NAME AND ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ YEARS IN POSITION \_\_\_\_\_

NATURE OF BUSINESS AND/OR OCCUPATION: \_\_\_\_\_

LAST TITLE AND/OR POSITION: \_\_\_\_\_

**CURRENT & PREVIOUS COUNTRY CLUB AFFILIATIONS (NAME, ADDRESS, TELEPHONE & CONTACT PERSON)**

NAME OF CLUB \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

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

CONTACT PERSON \_\_\_\_\_

NAME OF CLUB \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

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

CONTACT PERSON \_\_\_\_\_

**APPLICANT'S CHILDREN (UNDER THE AGE OF 23, UNMARRIED, WHO LIVE AT HOME OR ARE IN SCHOOL FULL-TIME):**

FIRST	MIDDLE	LAST	DATE OF BIRTH
-------	--------	------	---------------

1.	_____		
----	-------	--	--

2.	_____		
----	-------	--	--

3.	_____		
----	-------	--	--

4.	_____		
----	-------	--	--

**IN THE EVENT OF AN EMERGENCY, PLEASE LET EAGLE CREEK KNOW WHO TO CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

**MONTHLY STATEMENT FROM THE CLUB SHOULD BE MAILED OR E-MAILED (CIRCLE ONE) TO:**

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

E-MAIL ADDRESS: \_\_\_\_\_

PERSONAL REFERENCES THAT HAVE KNOWN YOU FOR 5+ YEARS. (EXAMPLES: FRIENDS, BUSINESS PARTNERS, NEIGHBORS) (HAVE ATTACHED FORMS COMPLETED & SUBMITTED TO CLUB):

NAME	ADDRESS	TELEPHONE	YEARS KNOWN
1.			
2.			
3.			

IS THERE A PROVISION IN THE AGREEMENT OF SALE STATING THAT THE CLOSING OF THE PURCHASE OF PROPERTY IS CONTINGENT UPON THE APPLICANT BEING APPROVED FOR MEMBERSHIP IN EAGLE CREEK GOLF & COUNTRY CLUB? YES\_\_\_ NO\_\_\_ THAT THE APPLICANT HAS RECEIVED THE COPIES OF THE FOLLOWING DOCUMENTS AND AGREES TO COMPLY WITH AND BE BOUND BY THEIR TERMS AND CONDITIONS, AS THEY MAY BE AMDEDED FROM TIME TO TIME:

BY-LAWS OF EAGLE CREEK GOLF & COUNTRY CLUB, INC.  
RULES AND REGULATIONS OF EAGLE CREEK GOLF & COUNTRY CLUB, INC.

Upon signing this Application, I hereby authorize Eagle Creek Golf & Country Club and its designated employees, officers, governors and agents (the “Club”) to receive any information for investigation of my qualifications for membership in the Club as deemed appropriate, including without limitation my credit history. **A minimum credit score of 760 is required.** If applicant’s credit score is less than **760** a written explanation will be requested. I further authorize any person or entity named herein, including without limitation any clubs or organizations of which I am or have been a member, to disclose to the Club all information it may request. I shall cooperate with any such investigation. I shall indemnify and hold harmless the Club and release it from any liability relating to any such investigation or request and any decision based upon it.

I certify that the information provided in this Application is true and correct, that I have read and understand the attached Agreement of Applicant and Application Fees and Procedures, and that I agree to be bound by their terms and conditions.

I agree to promptly notify the Club in writing of any changes in the information provided in the Application and shall promptly furnish the Club with such further documents and information as may be requested  
I understand that acceptance of my application for membership in the Club is subject to approval by the Club’s Board of Governors, submission of a completed Membership Purchase Agreement and payment of the required membership contribution, dues and charges.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Applicant



**Credit Card Authorization**

Credit Card (circle one): Master Card      Visa

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

I hereby authorize Eagle Creek to charge any invoice to the above credit card once my bill becomes past due.

Signature: \_\_\_\_\_

For Office Use:

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Date Completed Application and Deposit Received: \_\_\_\_\_

**Mandatory Interview Process**

The application approval process requires an interview via in person or virtual facetime/zoom with a committee member or Board of Governor Please provide the best phone number and a member of the committee with be in touch with you: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Application Approved by Board of Governors: \_\_\_\_\_

Date(s) Full Contribution Received: \_\_\_\_\_





## Personal References

### THREE (3) REFERENCES ARE REQUIRED

**Other than family members and agent**

Buyer(s) Name: \_\_\_\_\_

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

\*\*\*\*\*

Name of Person Giving the Reference: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

I have known the above BUYER for \_\_\_\_\_ (Years) (Over 5 years required)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN THE REFERENCE SHEET VIA E-MAIL, FAX OR MAIL  
RETURN REFERENCE SHEET VIA FAX: 239-775-3211  
RETURN VIA E-MAIL TO COMMUNICATIONS@EAGLECREEKCC.ORG



## Personal References

### THREE (3) REFERENCES ARE REQUIRED

**Other than family members and agent**

Buyer(s) Name: \_\_\_\_\_

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

\*\*\*\*\*

Name of Person Giving the Reference: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

I have known the above BUYER for \_\_\_\_\_ (Years) (Over 5 years required)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN THE REFERENCE SHEET VIA E-MAIL, FAX OR MAIL  
RETURN REFERENCE SHEET VIA FAX: 239-775-3211  
RETURN VIA E-MAIL TO COMMUNICATIONS@EAGLECREEKCC.ORG



## Personal References

### THREE (3) REFERENCES ARE REQUIRED

**Other than family members and agent**

Buyer(s) Name: \_\_\_\_\_

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

\*\*\*\*\*

Name of Person Giving the Reference: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

I have known the above BUYER for \_\_\_\_\_ (Years) (Over 5 years required)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN THE REFERENCE SHEET VIA E-MAIL, FAX OR MAIL  
RETURN REFERENCE SHEET VIA FAX: 239-775-3211  
RETURN VIA E-MAIL TO COMMUNICATIONS@EAGLECREEKCC.ORG