

For Office Use

File/Control No. \_\_\_\_\_

# The Bulls Bay Golf Club Application for Membership

## PERSONAL INFORMATION

Name (please print) \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Primary Residence

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Mailing/Billing Address (If different from Primary Residence)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Occupation and/or Nature of Corporate Business Information

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Position/Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

## REFERENCES

### Personal Reference

1. Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Number of Years Known \_\_\_\_\_  
Address \_\_\_\_\_

### Other Club Memberships

1. Name of Club \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
2. Name of Club \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
3. Name of Club \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

## SPOUSE INFORMATION

Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

## MEMBERSHIP DUES CATEGORIES

1. (Please Select One)  
\_\_\_\_\_ Family Resident \_\_\_\_\_ Single Resident \_\_\_\_\_ Family National \_\_\_\_\_ Single National

Resident: Charleston, Berkeley, Dorchester and Georgetown Counties Residency.

Family: Extends Membership privileges to spouse and qualified dependents.

## DEPENDENTS INFORMATION

Complete this section ONLY if Family Dues category is selected.

Children of applicant under the age of twenty-four living at home or attending school on a full time basis.

Name	Date of Birth	Male/Female	Charge Privileges (yes or no)
1. _____			
2. _____			
3. _____			
4. _____			

## CREDIT CARD INFORMATION

### Club Charges and Dues of Designee

The Club will accept cash and credit card payments only in the pro shop. All other charges by a Member will be charged to the Member's account and billed monthly. If a Family Dues category is selected, the charge privileges will be extended to the Member's spouse and those dependents listed that are to have charge privileges. A Member is fully responsible for any and all charges made to the Member's account. The extension of charge privilege with issuance of a Membership card is not the same as the issuance of a credit card.

All bills for Club charges will be due and payable in full upon receipt of an invoice therefore. A late payment charge of 1<sup>1</sup>/<sub>2</sub>% per month will be added to any balance remaining unpaid 30 days after the billing date. Charge privileges may be discontinued at any time, and may be denied to a Member and applicable spouse and authorized dependents for failure to timely pay billings for charges made.

Following the applicant's signature below is information for a major credit card issued to the applicant, which the Bulls Bay Golf Club may charge upon a default in the payment of Club dues and charges.

## TERMS AND CONDITIONS OF MEMBERSHIP

By executing this Application, the undersigned applicant acknowledges and agrees that upon acceptance of this Application by the Club, as evidenced by the Club's counter-signature of acceptance below, this instrument shall create a binding contract between the Club and the undersigned and the Membership shall be issued subject to the following terms and conditions:

1. The undersigned applicant has read the Membership Plan documents, including the current Rules and Regulations of the Club and Schedule of Dues, has had the opportunity to ask questions and receive answers, and understands and agrees that the provisions thereof, as the same may be amended, supplemented and changed in accordance with the Club's right to do so, control the issuance of the Membership applied for hereunder, the payment of the Membership deposit and periodic dues payable, and the rights of refund appurtenant thereto.
2. Membership is contingent upon approval by the Club, which approval is exercised by it at its discretion.
3. The use of the Club Facilities and any privilege or service incident to Membership is undertaken with knowledge of risk of possible injury. The undersigned applicant, for himself or herself and family members, hereby accepts any and all risk of injury to himself and/or herself, his and/or her guests and family sustained while using the Club Facilities or involved in any event or activity incident to membership in the Club. In accepting the risk of injury, the undersigned, for himself or herself and family members and guests, understand that he and/or she relieves See Wee Bay Company, LLC and its successors and assigns, and their members, directors, officers, partners, shareholders, employees, agents and affiliates and the members of any Advisory Board of the Club from any and all loss, cost, claims, injury, damages or liability sustained or incurred by him and/or her, his and/or her guests and family resulting from or arising out of any conduct or event connected with membership in the Club and use of any of the Club Facilities.
4. Upon signing this Application, I authorize the Club and its agents to contact all persons and entities listed in this Application and to conduct any and all investigations it deems appropriate. I authorize all persons and entities listed in this Application to disclose and release to the Club all information requested in connection with this application. I further authorize the Club to charge my below identified credit card in accordance with the Membership Plan. I will maintain on file with the Club a current credit card and my failure to do so will be grounds for suspension of Membership privileges.

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

Visa Name on Card: \_\_\_\_\_  
 Mastercard Card Number: \_\_\_\_\_  
 American Express Expiration: \_\_\_\_\_

ADDITIONAL MEMBERSHIP CARD; LOSS OR DESTRUCTION OF CARD

I understand that I may, if I have selected a Family Dues Category, requested a second Membership card by checking the appropriate box below. If I don't check the box, only one card will be issued to me (for qualified dependents), or in the event of the loss or destruction of a Membership card issued to me, I will pay a fee of \$10.00 Dollars for the issuance of a replacement card for each card so lost or destroyed.

Additional Membership card(s) requested. Number of additional card(s):

FOR CLUB USE ONLY:

(To be Filled Out By Membership Director)

Membership Deposit \$ \_\_\_\_\_

Amount Paid with Application \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Check if qualified for Founding Membership.

APPROVED AND ACCEPTED BY

SEE WEE BAY COMPANY, LLC

By: \_\_\_\_\_

Its: \_\_\_\_\_

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

