



Office use only

Type of Membership Desired:

MEMBERSHIP APPLICATION

Date: _____

- Shareholder
- Individual Shareholder
- Social
- Junior

- Junior Tier II
- Non-Resident
- Corporate Full
- Corporate Social

- Reinstatement
- Transfer
- Other: _____

Applicant (Primary)

Name	Nickname	Date of Birth	Cell Phone
Home Address	City	State/Zip	Home Phone
Mailing Address (if different from above)	City	State/Zip	
Business/Employer Name	Occupation	Nature of Business	
Business Address	City	State/Zip	Work Phone
Would you like to enroll in paperless billing? <input type="checkbox"/> YES <input type="checkbox"/> NO	Email Address		

Co-Applicant (Secondary): Spouse Significant Other

Name	Nickname	Date of Birth	Cell Phone
Email address			
Business/Employer Name	Occupation	Nature of Business	
Business Address	City	State/Zip	Work Phone

Dependent Children under 24:

Name	Gender	Date of Birth
Name	Gender	Date of Birth
Name	Gender	Date of Birth
Name	Gender	Date of Birth



Membership in Other Country Clubs:

Name	City	State
Name	City	State

Other: Organizational/Fraternal Affiliations, Community Activities, etc.

Please list activities that you are interested in at ACC: _____

By signing this application for membership at The Albuquerque Country Club (ACC), I hereby authorize ACC, through its representatives, to obtain character references.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the By-Laws and Rules and Regulations of the Albuquerque Country Club in the present form of as may be amended.

I (WE) AGREE TO FOLLOW CLUB POLICIES AND RULES AS OUTLINED IN THE CLUB BY-LAWS AND RULES AND POLICIES THROUGH THE LENGTH OF MY MEMBERSHIP.

Signature: _____ Date: _____

Signature: _____ Date: _____



Name of ACC Sponsor(s): _____

PAYMENT AUTHORIZATION

Initiation Fee Payment: \$ _____

Check Attached

Auto Bank Draft (See Section A)

Auto Credit / Debit Card (See Section B)

Monthly Dues Payment: \$ _____

Please bill me

Auto Bank Draft (See Section A)

Auto Credit / Debit Card (See Section B)

I (we) hereby authorize the Albuquerque Country Club (ACC) to initiate debt and/or credit entries and adjustment entries to my account of credit card. Indicated below. Debit entries will be initiated on approximately the 10th of each month for the balance of the Member's end of month statement.

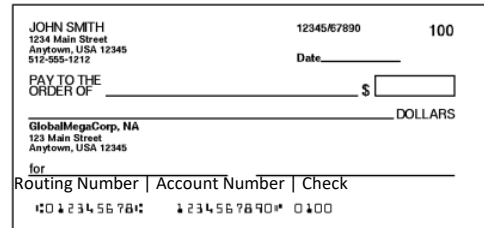
A. Authorization Agreement for Automatic Bank Draft Payment

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Account #: _____ Checking

Routing #: _____ Savings



B. Authorization Agreement for Automatic Credit or Debit Card Payment

Credit Card Number: _____ Exp. Date: _____ CVV: _____

(3-digit security code on back of card)

Name: _____ Billing Zip Code: _____

(As it appears on the card)

A 3% convenience fee will be added to your credit card payment.



The authority is to remain in full force and effect until ACC has received written notification from me (us) of its termination in such time and manner as to afford ACC and the depository or credit card company a reasonable time to act on it.

Member Name: _____

Signature: _____