----ApplicationFor Membership-----

ANDALUSIA COUNTRY CLUB

210 Country Club Drive • Andalusia, AL 36421 • 334-222-3881

A person applying for Club membership must be sponsored by a current member in good standing, must supply all information required on the application form, must have the endorsement of three Club members, plus the Chairman of the Membership Committee or one member of the Board of Directors. The application for membership must be accompanied by a check for the initiation fee and first month's dues.

FAMILY MEMBERSHIP - Enjoy unlimited golf with no green fees, use of the practice facilities, unlimited use of the swimming pool, tennis courts and clubhouse. Initiation Fee: \$1,500, Monthly Dues: \$185, Monthly Food Assessment: \$25

<u>JUNIOR MEMBERSHIP</u> - Open to anyone who has not reached their 35th birthday and shall have the same rights and privileges as a Family Membership. Junior Membership must be converted to a Family Membership upon the member's 30th birthday and include a payment equal to 1/2 the initiation fee in effect. Initiation Fee: \$750, Monthly Dues: \$185, Monthly Food Assessment: \$25

SINGLE SENIOR - Available to prospective members who are at least 65 years of age and unmarried. Single Elderly membership does not include golf privileges. Initiation Fee \$1,500, Monthly Dues \$115, Monthly Food Assessment \$25

ASSOCIATE MEMBERSHIP (NON-RESIDENT) -Any person living beyond Covington County. An Associate Member has all the benefits of a family membership except cannot bring non-member guests to the Club. Initiation Fee \$1,500, Monthly Dues: \$135, Monthly Food Assessment \$25

Family	Junior	Single	Senior	Associate	<u> </u>		
Full Name:				D	Date of Birth:		
Address:					Home Pho	one:	
City:		تتخد	Stat	e:		Zip:	7
Driver's Licens	e #:	m.		┰┛┵.	State:		
Email Address:	-				7		
Employer:				Occupat	tion:		
Business Addre	ess:					Zip:	
Marital Status:	Married	_ Single	Spouse's N	Vame:			
Wedding Anniv	versary Date:						
Additional Ema	ail Addresses:						
Dependent Chil	ldren:	at the said			Age:	DOB:	
					Age:	DOB:	
Mon	thly stateme	nts and New	sletters will b	e emailed to t	the email addr	ess listed above	e
						knowledge. If and Reg	
Signature of ap	plicant:	LIN	2 T T T T	N 12	1 1 1	Date:	
Printed name: _	1. 1.7		1 1 1 1		8.450		
Sponsors:	Pri	nt Name				Signature	
1							
2							
2							