** UNDERWOOD GOLF COMPLEX **

**APPLICATION FOR ANNUAL PASS**

**PRINT CLEARLY PLEASE**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY, ST, ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL/WK PH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL(mandatory)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACTIVE DUTY/RANK(if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RETIREE:\_\_\_\_\_\_\_CIVILIAN:\_\_\_\_\_\_\_\_\_VETERN:\_\_\_\_\_\_ LKR#\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_**

**FAMILY PASS/NAMES/AGES CLUB STORAGE$\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTHLY DUES $\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ANNUAL DUES $\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**READ CAREFULLY AND INITIAL EACH PARAGRAPH**

**By joining as a pass holder, it is understood that you may pay the yearly pass fee’s up front, or in 12 monthly installments due the 1st of each month.**

1. **I VOLUNTARILAY CONSENT TO COLLECTION OF ANY INDEBTEDNESS INCURRED AS A RESULT OF BAD CHECKS AND/OR CLUB DEBTS INCURRED BY ME OR MY DEPENDENTS.** \_\_\_\_\_\_**INTLS**
2. **I UNDERSTAND AND ACKNOWLEDGE THAT IMUST PERSONALLY APPEAR AT THE BUSINESS OFFICE OF THE GOLF COMPLEX TO EFFECT THE TERMINATION OF MY MONTHLY FEES. I UNDERSTAND THAT IF I FAIL TO PERSONALLY APPLY FOR RESIGNATION IT WILL RESULT IN A CONTINUEANCE OF MY OBLIGATION TO PAY MY DUES. \_\_\_\_\_\_INTLS**
3. **I UNDERSTAND BY MY AGREEMENT TO PAY MONTHLY DUES, I WILL BE RESPONSIBLE FOR PAYING DUES EVERY MONTH REGARDLESS OF WHETHER OR NOT I USE THE COURSE, EXCEPTIONS WILL BE GRANTED TO ME FOR MILITARY COMMITMENTS ONLY. I UNDERSTAND THAT I MUST PERSONALLY INFORM THE ADMINISTRATION OFFICE OF MY MILITARY ABSENCE AS SOON AS I LEARN OF ITS OCCURRENCE. \_\_\_\_\_\_\_INTLS**
4. **I UNDERSTAND IF I RESIGN MY MEMBERSHIP, IT WILL BE A YEAR BEFORE I CAN JOIN AGAIN EXCEPT UNDER SPECIAL CIRCUMSTANCES. \_\_\_\_\_\_\_INTLS**
5. **MY SIGNATURE ATTESTS THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS:**

**EMPLOYEE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**