



APPLICATION FOR MEMBERSHIP PRIVILEGES

PERSONAL INFORMATION:

Dr. () Mr. () Ms. ()

Name (Please Print): _____

Primary Residence: _____
Street

City State Zip

Telephone: () _____ Social Security #: _____

Mailing/Billing
Address: _____
Street

City State Zip

Telephone: () _____ Date of Birth: _____

Marital Status: Single () Married ()

Email Address: _____

Occupation and/or Nature
of Business or Profession: _____

Name of Company and Title: _____

Business Address: _____
Street

City State Zip

Telephone: () _____ Years in Present Employment: _____

SPOUSE INFORMATION

Dr. () Mr. () Ms. ()

Name (Please Print): _____

Date of Birth: _____ Social Security #: _____

Driver's License Number: _____ State: _____

Email Address: _____

Occupation and/or
Nature of Business or Profession: _____

Name of Company and Title: _____

Business Address: _____
Street

City _____ State _____ Zip _____

Telephone: () _____ Years in Present Employment: _____

DEPENDENT INFORMATION

Unmarried children of applicant under the age of twenty-three, who are living at home or attending school on a full-time basis:

List By Name	Date of Birth	Male/Female
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

REFERENCES

PERSONAL REFERENCES

(Other Than Club Members)

1. _____
Name Telephone#

2. _____
Name Telephone#

SPONSORING CLUB MEMBERS

1. _____
Name Telephone#

Signature of Sponsoring Member

2. _____
Name Telephone#

Signature of Sponsoring Member

1. CLASSIFICATION OF MEMBERSHIP

Please indicate below the classification for membership to be acquired in the Club and the membership fee set forth below by marking the appropriate box .

Membership Classification	Membership Fee
1) <input type="checkbox"/> Golf Membership	\$ _____
2) <input type="checkbox"/> Non-Resident Golf Membership	\$ _____
3) <input type="checkbox"/> Corporate Golf Membership	\$ _____
4) <input type="checkbox"/> Social Resident Membership	\$ _____
5) <input type="checkbox"/> Social Membership	\$ _____

2. RECEIPT OF MEMBERSHIP PLAN

The undersigned hereby acknowledges receipt of the for the Tascosa Golf Club Membership Plan and the Rules and Regulations (collectively, the "Membership Plan"), and agrees to be bound by all of their respective terms and conditions. If approved for membership, the undersigned agrees to fully substitute the membership privileges acquired pursuant to the Membership Plan for any present and prior rights in or to use the Club Facilities.

3. MEMBERSHIP PRIVILEGES IN THE CLUB

I hereby acknowledge that the Club Facilities are owned and operated by Tascosa Golf Club, LLC doing business as Tascosa Golf Club (the "Club") and that membership in the Club permits the member to use the Club Facilities, but it is not an investment in the Club, nor does it confer on the member any equity or ownership interest or any other property interest in the Club or the Club Facilities. Membership does not give a member a vested or prescriptive right or easement to use the Club Facilities, but grants to the member a revocable license to use the Club Facilities. Members will not have any interest in the income of the Club and do not have any right to receive any of the Club's assets if the Club is dissolved.

4. PAYMENT OF MEMBERSHIP FEE

The undersigned applicant hereby agrees to pay the required \$ _____ membership fee for a _____ Membership in the Club as follows: (i) \$ _____ shall be due upon Application for Membership Privileges. (ii) the remaining balance of \$ _____ shall be due and payable in installments as follows: \$ _____ on _____, \$ _____ on _____, \$ _____ on _____, \$ _____ on _____ .

Upon signing this Application for Membership Privileges, I authorize the disclosure and release of information to Tascosa Golf Club for investigating my qualifications for membership and authorize those persons or entities herein to furnish information to

I understand that acceptance for membership in Tascosa Golf Club is subject to approval by Tascosa Golf Club and payment of the required membership deposit, dues and other charges as may be charged from time to time.

If the Applicants are married, the signatures of both spouses are required.

Applicant's Signature

Spouse's Signature

This Application for Membership Privileges shall not be binding on the Club until the acceptance below is signed.

Tascosa Golf Club
4502 Fairway Dr.
Amarillo, Texas 79124
(806) 342-3051
Fax (806) 342-9991
