

I hereby apply for membership in the

Midland Valley Golf Club

P. O. Box 9 - Graniteville, S.C. 29829 803-663-7332

www.playmidlandvalley.com Email: midlandvalley@bellsouth.net

(PLEASE PRINT)

Date: _____

Monthly Dues _____

Pro-Rated Amount _____

Total due _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

WIFE'S NAME: _____

DRIVER'S LICENSE NUMBER: _____ EXP: _____ STATE: _____

CHILDREN'S NAMES & AGES: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

EMPLOYMENT: _____

MEMBER RECOMMENDED BY: _____

Membership requires advance payment of one month's dues and any pro-rated amount based upon start date of membership. A valid credit card or ACH authorization is required for payment of monthly dues and charges.
(initial) _____

A thirty (30) day written notice is required to cancel membership and as such an additional monthly fee will be drafted from my checking or credit card account if this notice is less than thirty (30) days from the next draft date (5th of each month).

If the previous month's draft was returned it will be added to the amount due and a chargeback fee will be added to the account balance. (initial) _____ MVGC STAFF (staff initials) _____

I agree to abide by all rules of golf in a sportsman-like manner, assist in enforcing local rules, and other club rules as follows. I will:

Pay my dues and charges incurred monthly. (Late fees will be assessed monthly on unpaid balances.)

Comply with driving range rules

Be responsible for my guest(s)

Keep carts on cart paths around greens and tees

Rake bunkers after play

Repair my ball mark on greens

Speed up play by letting faster players through

Use 90° rule on fairways as necessary

SIGNATURE: _____

() FAMILY MEMBERSHIP \$ _____

() SINGLE MEMBERSHIP \$ _____

() CORPORATE (All players must ride). \$ _____