



5000 Country Club Place • El Paso, Texas 79922 • 915- 584-1111 • 915-584-3171 (fax)  
 Email: info@elpasocountryclub.com • Website: www.elpasocountryclub.com

# APPLICATION FOR MEMBERSHIP

I hereby make application to become a (please check one):

GOLFING (All Club Facilities)	NON-GOLFING ( Excludes Golf)	
REGULAR (36 and over)	TENNIS (34 and over)	SWIMMING/FITNESS/SOCIAL
INDIVIDUAL <input type="checkbox"/>	TENNIS-INTERMEDIATE (21 - 33) <input type="checkbox"/>	(Swimming/Fitness Room/Clubhouse)
FIRM <input type="checkbox"/>	TENNIS-JUNIOR (12 - 20) <input type="checkbox"/>	SOCIAL/DINING (Dining Only) <input type="checkbox"/>
CORPORATE		OTHER <input type="checkbox"/>
2 PARTICIPATING NOMINEES <input type="checkbox"/>		
4 PARTICIPATING NOMINEES <input type="checkbox"/>		
INTERMEDIATE (28 - 35) <input type="checkbox"/>		
JUNIOR (21 - 27) <input type="checkbox"/>		
NON-RESIDENT <input type="checkbox"/>		
OTHER <input type="checkbox"/>		

Applicant's Full Name \_\_\_\_\_

If Regular (Firm) Membership,  
 Membership Certificate in Name of: \_\_\_\_\_ Cert. No. \_\_\_\_\_

If Corporate Membership, Enter Corporate Name \_\_\_\_\_

Applicant's SSN \_\_\_\_\_ Spouse's SSN \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

Business or Profession \_\_\_\_\_

Name of Firm or Business \_\_\_\_\_ Number of Years \_\_\_\_\_

Position Held \_\_\_\_\_

Business Address \_\_\_\_\_

Residence Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone (Residence) \_\_\_\_\_ (Business) \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ (Business Phone) \_\_\_\_\_

Spouse's Business Address \_\_\_\_\_

Spouse's E-mail Address \_\_\_\_\_

*UNMARRIED CHILDREN LIVING WITHIN THE HOUSEHOLD UNDER 23 YEARS OF AGE (Classified as member of "Immediate Family") OR FULL-TIME STUDENTS 25 YEARS OF AGE OR UNDER (requires Special Approval of Board of Governors)*

NAME(S)	DATE(S) OF BIRTH	AGE(S)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever belonged to any other country club? If so, please list. \_\_\_\_\_

How long have you been a resident of this area? \_\_\_\_\_

Previous address \_\_\_\_\_

Monthly statements to be sent to:  Home  Office  Email  
 Club notices & social mail to:  Home  Office  Email

**Sponsors:** (Must be two members of the same membership classification as applied for or a higher classification)

Name \_\_\_\_\_ Club # \_\_\_\_\_

Name \_\_\_\_\_ Club # \_\_\_\_\_

**This application must be accompanied by two signed Sponsor Questionnaires.**

Everything that I have stated in this application is true and correct to the best of my knowledge and any inaccuracies may be cause for reconsideration of my admission to membership. I understand that the El Paso Country Club will retain this application whether or not it is approved. I understand that the El Paso Country Club will process this application in accordance with its rules and regulations. **The El Paso Country Club is authorized to check my credit and employment history and, if an inquiry is made by a credit reference for me, to answer questions about its credit experiences with me.**

If my membership application is approved, I hereby authorize El Paso Country Club to bill me, and I agree to pay in a timely manner, for all dues, charges, and fees for myself, my family and guests, in accordance with the Membership Regulations of El Paso Country Club. In the event of default on the payment of any amount due, I may be suspended from membership, and, should this account be placed in the hands of an attorney or collection agency, I agree to pay all collection costs, including agency and attorney's fees, and court costs.

Further, I am aware of the conditions of membership in the El Paso Country Club, as set forth in the Membership Regulations and agree to be bound by the rules and regulations, as amended from time to time, for the type of membership which I possess at that time. Enclosed is my payment in the amount of \$\_\_\_\_\_ for the El Paso Country Club initiation fee or transfer fee, which will be returned to me if I am not accepted for membership, less any charges I have made during the interim period.

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Spouse \_\_\_\_\_ Date \_\_\_\_\_

<b><u>FOR CLUB USE ONLY:</u></b>		
Date Received: _____	Approved by Membership Committee: _____	
Date Posted: _____	Elected to Membership By Board of Governors _____	
Initiation Fee Received: _____		
Final Administrative Processing Completed: _____	Member #: _____	Date Effective: _____



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## DIRECT PAYMENT FORM

You can have your payment deducted automatically from your checking or savings account and you won't have to change your present banking relationship to take advantage of this service.

The **Direct Payment** Plan will help you in several ways:

- It saves time – fewer checks to write.
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town.
- No lost or misplaced statements, your payment is always on time – it helps maintain good credit.
- It saves postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

### Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the 10<sup>th</sup> day of each month and proof of your payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, convenient and easy. To take advantage

of this service, complete the authorization form below and return it to us.

### Disputed Charges:

You will continue to receive your monthly statement in the mail and you may also view your statement on our website, [www.elpasocountryclub.com](http://www.elpasocountryclub.com). Should you feel you have an incorrect charge on your account, charges should be disputed by the 7th day of each month. Any charge disputed after the 7th day of each month will be researched by our Accounts Receivable department and, if applicable, a credit for the disputed charge will appear on the next month's statement.

### All you need to do is:

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

**NOTE: Be sure to sign the form!**

### AUTHORIZATION FOR DIRECT PAYMENT

I authorize **EL PASO COUNTRY CLUB** to initiate electronic debit entries to my:

checking account    or     savings account

for payment of my monthly statement from the EL PASO COUNTRY CLUB which includes membership dues, applicable fees and charges incurred. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

STAPLE VOIDED CHECK HERE

Date: \_\_\_\_\_

Financial Institution Name (Please Print) \_\_\_\_\_

Account Number at Financial Institution \_\_\_\_\_

Financial Institution Routing/Transit Number \_\_\_\_\_

Financial Institution City and State \_\_\_\_\_

Print Name: \_\_\_\_\_ Member No: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS**



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## SPONSOR'S QUESTIONNAIRE

The Membership Committee requires that the applicant be known to all Sponsors  
Sponsors must have the same membership classification as applied for or a higher classification

Sponsor: \_\_\_\_\_

Applicant: \_\_\_\_\_

Type of Membership: \_\_\_\_\_

### **Please type or print**

How long have you known the applicant? \_\_\_\_\_

Is the applicant a personal friend, business associate or both? \_\_\_\_\_

Is the applicant married, widowed, divorced or single? If married, spouse's name \_\_\_\_\_

If married, do you know the applicant's spouse? \_\_\_\_\_

What, in your opinion, qualifies the applicant for membership in the El Paso Country Club? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Occupation**

Name of firm, corporation or partnership \_\_\_\_\_

Nature of business \_\_\_\_\_

Position occupied \_\_\_\_\_

How long has the applicant been engaged in present business or profession? \_\_\_\_\_

Were you asked by the applicant to act as a sponsor? \_\_\_\_\_

### **Remarks** (please complete this section)

I have carefully considered all of the qualifications of the applicant and his or her immediate family. I recommend them to the Membership Committee without reservation.

Signature \_\_\_\_\_

Account # \_\_\_\_\_ Certificate # \_\_\_\_\_ Date \_\_\_\_\_



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