



Athens Country Club
 7606 Country Club Rd
 Athens Ohio 45701
 740-592-1655 Fax: 740-592-3475
 office@athenscc.com
 www.athenscc.com

2025 SOCIAL AND DINING MEMBERSHIP APPLICATION

Primary Contact's Name _____ DOB ____/____/____
 Home Address _____ Email _____
 City _____ State _____ Zip _____
 Home Phone # () _____ - _____ Cell Phone # () _____ - _____
 Employer _____ Position Held _____
 Address _____ Phone # () _____ - _____
 City _____ State _____ Zip _____
 Billing Email Address _____

Spouse's Name _____ DOB ____/____/____
 Cell Phone # () _____ - _____ Email _____
 Employer _____ Position Held _____
 Address _____ Phone # () _____ - _____
 City _____ State _____ Zip _____ Anniversary ____/____/____

Dependent's Information
 Child's Name _____ Child's Name _____ Child's Name _____
 DOB ____/____/____ DOB ____/____/____ DOB ____/____/____

Select Membership Category

- Clubhouse Dining**
Entitles an individual or family use of clubhouse amenities.
- Social**
Entitles an individual or family use of all amenities except golf.

Monthly Dues	Food Minimum
\$22	\$60
100	60

Terms and Conditions

- I hereby authorize the Athens Country Club Board of Trustees or agents to contact country clubs in which I formerly or presently hold memberships to verify my membership status and standing and make inquiries regarding my credit rating.
- If accepted to membership, I (and my family) agree to abide by all terms, policies, regulations, and by-laws of the Athens Country Club.
- The undersigned agrees to membership at the Athens Country Club for a **minimum of one year** and to pay all dues and other charges incurred during their term of membership.
- On receipt of application, first month's dues/fees payment is required.
- A membership initiated in any month after January runs for a 12-month period for the first year (e.g. June through the following May). Extending a membership beyond the first 12 months carries an obligation for the remainder of that calendar year. On the following January, the membership automatically renews through December unless a written resignation is submitted prior to January 1.

Signature of Applicant _____ Date _____ Signature of Spouse _____ Date _____

Special Amendments or Promotions

Credit Card# _____ Exp. Date _____ CVV# _____
 I agree to have the above credit card billed if my account becomes 31 days past due.
 Initial that you have read and accept the above 31 day past due stipulation initial _____