



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

## FULL GOLF AND SOCIAL & YOUNG PROFESSIONAL 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 ____/____/____

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 \_\_\_\_\_

### Select Membership Category

	Monthly Dues	Food Minimum
<input type="checkbox"/> <b>Full Golf and Social (Individual or Family): <u>Age 40 and over</u> <span style="background-color: yellow;">2025 PROMOTION</span></b> Entitles individual golf privileges and use of all club amenities - Requires two year commitment	\$275	\$0
<input type="checkbox"/> <b>Full Golf and Social Young Professional <u>Ages 33 to 37</u></b> Entitles individual golf privileges and use of all club amenities	265	50
<input type="checkbox"/> <b>Full Golf and Social Young Professional <u>Ages 21 to 32</u></b> Entitles individual golf privileges and use of all club amenities	215	40

### Signatures

- 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
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