

LOUISVILLE COUNTRY CLUB

505 Old Country Club Road
Louisville, MS 39339

2025 Application for Membership

Type of Membership: (Circle One)

REGULAR MEMER		ASSOCIATE MEMER	JR MEMBER
Membership Fee	\$250	Associate \$100	Junior Member \$100
Stock	<u>\$100</u>	Dues \$130	Dues \$110
Total Due	\$350	Become Regular Member And pay \$250 (Draft \$25 Per month for 10 months	*At age 30, become Regular Member and pay \$250 and Dues are raised to \$130 per month
Monthly dues	\$130		

Special Dues:

Out of State	\$70	Out of County: (One County)	\$100 Dues
		Out of County (More than One Over)	\$70 Dues

***ALL FEES DUE WITH APPLICATION**

***Email is how we communicate with our Membership. Please give us your email address.**

Email: _____

Name: _____ Date of Birth: _____

Address: _____

Phone Numbers (Cell and Home) _____

Place of Employment: _____

Family: _____ Single _____ Married Spouse Name: _____
Children: _____ Name _____ Age _____ Sex _____

Bank: For automatic draft for monthly dues: _____

Sponsorship Information: Applicant must be sponsored by a Stockholder Member of LCC that is in good standing. The Board also requests that the applicant be recommended by two other members in good standing. Primary sponsor must bring the application, along with the membership fee, to a scheduled Board meeting and present applicant for membership.

Primary Sponsor: _____

Supporting Sponsors: _____

It is understood that this application does not constitute acceptance into the membership in Louisville Country Club and that such membership may be approved by its Board of Directors only. Applicant will be notified of the Board's decision.

Date: _____ Applicant's Signature: _____

AUTOMATIC TRANSFER AUTHORIZATION

The undersigned hereby authorizes Watkins, Ward, & Stafford, PLLC, at it's location in Louisville, MS, to transfer funds from my checking account in the:

Name of: _____

Bank Name: _____

Checking Account # : _____

Routing # : _____

Amount of : \$ _____ Monthly

The frequency of this transfer is to be the 5th of each month, beginning in the month of _____. I agree with all the rules, regulations, and related accounts. I understand that this authorization will remain in full force and in effect until Louisville Country Club receives written notice of termination. If draft does not transfer on the authorized transfer date, I do authorize this banking institution to transfer the same funds at a later date for the same amount. I also authorize for the amount stated above to be changed as Louisville Country Club Board of Directors increase or decrease monthly dues.

Signature

Date

ATTACH VOIDED CHECK HERE