Membership	Type	Code

APPLICATION MUST BE RETURNED TO THE BUSINESS OFFICE OR TO THE MAILING ADDRESS BELOW. A CHECK FOR THE FULL DUES AMOUNT MUST BE INCLUDED.

AUGUSTA COUNTRY CLUB P.O. Box 239 Manchester, ME 04351

APPLICATION FOR MEMBERSHIP

To the Board of Governors:

I hereby apply for membership in the Augusta Country Club under the Membership Category indicated above. I understand that my application may remain pending until a vacancy exists within the established membership limits, but while pending I may withdraw it if I so desire. Applicants for golf membership must accept social membership if awaiting golf vacancy. I also understand that, if accepted, my membership continues until my written resignation is presented to the Board of Governors. By my signature below, I attest that I am aware of Augusta Country Club policies and charges applicable to my membership.

Name (please print)			Birth Date		
Mailing Address					
Winter Address					
Telephone Home _		Work	Cell		
E-mail address					
Credit Card Number (to	o be kept on file)				
Signature					
FAMILY DATA		Single			
Spouse/Domestic Part	ner	Birth Date	Email		
Please list all children i	in your household less tl	nan 23 years of age:			
Name	Date of Birth	Name	Date o	f Birth	

2024 MEMBERSHIP CATEGORIES AND DUES RATES

Please see complete description of Membership Categories All ages listed are based upon age attained as of January 1

CODE	CATEGORY	QUALIFICATIONS	2024 DUES
	Family Club	Age 40 and above.	\$3,101
101		Full golf course privileges for husband/wife/domestic partner and all unmarried children up to age 23 if full time student or active military service, up to age 21 if not in college/military.	
103	Individual Club*	Age 40 and above.	\$1,935
		Full golf course privileges for individual member only.	
		Individual Club member with Associate	\$2212
104 105 106	Junior Family Club	Age 18 through 25. Age 26 through 32. Age 33 through 39.	\$1,287 \$1,878 \$2,682
		Full golf course privileges for husband/wife/domestic partner and all unmarried children up to age 23 if full time student or active military service, up to age 21 if not in college/military.	
110	Junior Individual Club*	Age 14 through 17. No charges (restricted playing privileges)	\$400
111		Age 18 through 21.	\$500
112		Age 22 through 25.	\$800
113		Age 26 through 32.	\$1,109
114		Age 33 through 39.	\$1,573
		Additional Associate ages 22-39, add \$278	
120	Family Social	Dining and beach access only for husband/wife/domestic partner and all unmarried children up to age 23 if full time student or active military service, up to age 21 if not in college/military.	\$480
		Add tennis for \$200	
121	Individual Social	Single persons only. Dining and beach access only.	\$360
		Add tennis for \$100	

- Couples who register with the State of Maine as Domestic Associates are entitled to the same privileges and pay the same dues as a married couple.
- Individual golfers who would like to add an "Associate" may do so by paying the additional Associate fees. Associates get all Club privileges except golf.
- Privileges include: use of the Club House (restaurant/bar), tennis courts, and the beach.

^{*}Individual golf members who choose to add a dependent golfing child 13 and under, please contact the General Manager.

DEPENDENT INFORMATION

- Children or grandchildren under the age of 14 shall have use of the golf course only when accompanied by a parent/grandparent, other adult member, or professional except with permission of the golf professional.

OTHER OPTIONS

- 10-play: A 10-play golf option is available to Associate and Social members at a current cost of \$600. The 10- play option permits play of 36 Holes per month. This can be used as nine hole rounds as well. Only one 10-play can be purchased per year per person. A 10-play option may be used to participate in Couples Twilight and Ladies Twilight. Any unused rounds at the end of the year are forfeited.
- Other amenities available Lockers are available for both Men & Women. The Pro Shop offers an annual cart rental program, club storage and cleaning, and annual range use plan. Please inquire at 207-623-3021.

SPONSOR

Proposed by	Signature			
	s attest to their belief that the applicant will be a responsible and desirable ub community. Sponsors can expect a call from the Membership			
LOCAL ACQUAINTANCES - Pleas not necessarily be members of the	se list up to five local persons with whom you are acquainted. They need Augusta Country Club.			
1	Address			
2	Address			
3	Address			
4	Address			
5	Address			

BIOGRAPHICAL DATA - Please submit a brief biographical outline, occupation, position, company, etc.

OTHER GENERAL INFORMATION FOR APPLICANTS

- Applications not completely filled out will be returned.
- A check for the full dues amount must accompany the application.
- Completed applications are to be forwarded to the General Manager or Membership Chairperson for presentation to the Board of Governors at their next available meeting.
- Applicants will be notified of acceptance or rejection.
- All members will be charged a mandatory Capital Contribution. This will be billed April through November. Social Memberships \$10/month, Junior Memberships \$15/month and Golf Memberships will be billed \$25/month.
- The Board of Governors has the right to request resignation or to terminate the membership of any member for (1) Nonpayment of dues or other Club indebtedness, including assessments, charges, and/or damages; (2) infraction of Club rules; or, (3) improper conduct.

MANDATORY ACH PROCESS

All payments for membership and other charges to your account will be made monthly using ACH (Automated Clearing House network/direct bank withdrawal). Attached is a form to be filled out and returned with your membership application. Please include a voided check for the account you will be using. ACH for your account will be set up as soon as your membership is approved.



ACH PAYMENT AUTHORIZATION

I hereby authorize the Augusta Country Club to initiate monthly ACH debit entries In the exact amount of my monthly ACC activities on the 15th of each month for the previous months business and past due amounts. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. Law. This authorization is strictly for the payment of ACC activities monthly throughout the year.

	_			
(Financial Institution Name)	(Branch)			
(Address)	(City/State)		(Zip)	
(Routing Number)	_	(Accoun	t Number)	
Type of Account (circle one):	Checking	Savings		
(circle one):	Personal	Business		
This authority is to remain in full ford written notification from me of its ter financial institution a reasonable op	mination in su	ich time and manne		
(Print Individual Name)	_	(Sign	nature)	
(Member account number)	_	-	(Date)	

Members will be responsible for all overdraft fees incurred.