APPLICATION FOR MEMBERSHIP

Mineola Country Club
1780 West Loop 564
Mineola, TX 75773
903.569.2472
Email – mineolacc@gmail.com
Website – www.mineolagolfclub.com

Name _____ **Spouse** _____

Address _____ **City/State** _____ **Zip** _____

Phone _____ **Email** _____

List children in your household under 18 years old. (Or up to 21 years old if attending college).

_____

How did you find out about MCC? _____ **If someone referred you, please list below:**

Name of Reference _____ **Is the reference a member?   Yes   No**

==NOTE: With the exception of Social, all memberships include golf. Membership commitments are for a one year minimum and a 30-day written notice is required in order to cancel. Memberships include a spouse and any unmarried children living in the household under the age of 18 or under 21 if attending college.==

_____**STOCK MEMBERSHIP** $600.00 to purchase 1 share of stock. ($115.00 per month + tax). Voting privileges
_____ **ASSOCIATE MEMBERSHIP** $200.00 initiation fee. ($115.00 per month + tax)
_____ **JUNIOR MEMBERSHIP** $100.00 initiation fee ($70.00 per month + tax). Age limit 8-25
_____**CORPORATE MEMBERSHIP** $100.00 initiation fee ($100.00 per month per designee + tax)
_____ **RADIUS MEMBERSHIP** $100.00 initiation fee (must live outside an 80 mile radius) ($90.00 per month + tax)
_____ **SOCIAL MEMBERSHIP** $100.00 initiation fee ==(Must pay 6 months in advance)== ($36.00 per month + tax)

**Initiation fees are a one-time fee and are non-refundable.
**More information on memberships and benefits are on our website at www.mineolagolfclub.com

Credit card or ACH debit card *required* on file for all new memberships. Credit card or debit card will not be used if indebtedness paid in advance. If a member defaults on the agreement and leaves before the one year is up, the remainder of monthly dues will be charged to the member's account upon departure.

Applicant's Signature_____**Date**_____

***THE ACCEPTANCE OF THIS APPLICATION IS CONTINGENT UPON FINAL APPROVAL FROM THE BOARD OF DIRECTORS. YOU WILL BE NOTIFIED BY EMAIL OR PHONE.

This box is to be completed by club personnel.
Date application approved_____ **Signature/Title of Club Personnel**_____

Paid (if applicable)   Cash   Check CC   Amount paid_____ **(if applicable)**

New member # _____   **Date**_____   **Last 4 digits of card on file** _____