

**Transfer to Regular Membership Status**

A Trial Member can transfer to regular membership status at the conclusion of the Trial Membership. At that time he/she would take advantage of one of the current membership options offered (please see Classes of Membership document). Regular members are issued a permanent membership number under which charges are accumulated and billed monthly. Members pay these charges directly rather than use a credit card.

**APPLICATION/ACCEPTANCE PROCESS:** Trial Member applicants must complete a Membership Application, and attach to it a signed copy of this document describing the elements of the Trial Membership. The application will be processed promptly to inform the prospective member of acceptance into the Trial membership Program.

**APPLICANT’S AGREEMENT TO TERMS:** I understand and agree to the Terms of the Trial Membership. Furthermore, I agree to abide by the By Laws and Operating Practices of Cripple Creek Golf and Country Club.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_

**ANNUAL FINANCIAL RESPONSIBILITY**

Cripple Creek Golf & Country Club operates on a May 1 – April 30 fiscal year. Dues are on a fiscal year basis, but are billed monthly for member convenience. Article 4.01 of the Club By-Laws states:

If a resignation is effective between May 1 and June 30 of a year, a member shall forfeit one-half of annual dues, and if a resignation is effective between July 1 of one year and May 1 of the next year, a member shall forfeit all the annual dues.

I have read and fully understand the requirements of the above paragraph.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

# Cripple Creek Golf and Country Club

## Membership Application

I recommend that \_\_\_\_\_ (applicant) be considered for membership in Cripple Creek Golf and Country Club.

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Beach Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ please email monthly statement \_\_\_\_\_

Educational Background \_\_\_\_\_

Business Background \_\_\_\_\_

Candidate Birthdate \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Spouse Birthdate \_\_\_\_\_

Names of Children up to 21 years of age:

Birthdate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past and Present Club Affiliations: (include dates of membership)

\_\_\_\_\_

\_\_\_\_\_

Type of Membership Requested:

Golf Option 1 \_\_\_\_\_ Golf Option 2 \_\_\_\_\_ Under 40 \_\_\_\_\_

Social Plus \_\_\_\_\_ Social \_\_\_\_\_ Trial \_\_\_\_\_

Winter Dining \_\_\_\_\_ Seasonal \_\_\_\_\_ Fairway Villa/Lot # \_\_\_\_\_

Present USGA Handicap \_\_\_\_\_ Present USGA Handicap (Spouse) \_\_\_\_\_

\_\_\_\_\_

Sponsoring Member Name

\_\_\_\_\_

Secunder Member Name

I hereby acknowledge that I have received a copy of the Bylaws and the Rules of the Club and that I had the opportunity to review each.

\_\_\_\_\_

Signature of Candidate

\_\_\_\_\_

Date

Date Rec'd: \_\_\_\_\_

Amt. Rec'd: \_\_\_\_\_

Member No: \_\_\_\_\_

Dues Class: \_\_\_\_\_

Initiation Fee Paid: \_\_\_\_\_