

Spring Creek Country Club

P.O. Box 429
Crockett, TX 75835
(936) 544-7848



Membership Application

MEMBERSHIP REQUESTED STOCK ASSOCIATE JUNIOR ASSOCIATE SOCIAL

Applicant (Primary Member) Applicant Spouse Contact Information

NAME	NAME	PHONE
ADDRESS	ADDRESS	PHONE
SS#	SS#	EMAIL
DOB	DOB	BILLING PREFERENCE EMAIL REGULAR MAIL
OCCUPATION	OCCUPATION	NEWSLETTER PREFERENCE EMAIL REGULAR MAIL

Childrens' Names DOB References Contact Information

PLEASE PROVIDE A BRIEF PERSONAL HISTORY BELOW AND/OR ATTACH RESUME

SPRING CREEK CC STOCKHOLDER SPONSORS SIGNATURES (REQUIRED)

1. _____ 2. _____

I, the undersigned, do hereby swear and affirm that I will abide by the rules of Spring Creek Country Club if elected to membership and that all eligible members of my family will adhere to said rules, that all dues and/or assessments will be paid promptly and I will conduct myself so it will reflect with good credit to the Club. If I fail to abide by the By-Laws, rules, or regulations governing the Club, fail to pay and dues or assessments as set forth by the By-Laws; or fail to protect the Club property, I understand that my membership is subject to recall as set forth in the By-Laws of Spring Creek Country Club.

WITNESS MY SIGNATURE THIS _____ DAY OF _____ APPLICANT SIGNATURE _____

FOR OFFICE USE ONLY

INITIATION FEE	BOARD RECOMMENDATION	DATE
MEMBER ASSIGNED	STOCKHOLDER RECOMMENDATION	DATE