



Membership Application and Agreement

Please accept my application for membership in the following category of membership at the Alexandria Golf Club ("AGC") located in Alexandria, Minnesota:

MEMBERSHIP TYPE:

(check one)

Full Access Family

- Under 40
- Age 40+

Twilight Family

- Under 40
- Age 40+

Practice Plus

- Individual

Student Memberships

- Junior (Age < 24)
- Student (Age < 18)

Full Access Individual

- Under 40
- Age 40+

Twilight Individual

- Under 40
- Age 40+

***Please note, family memberships include spouse/partner and immediate family under age 23. In case of the family membership, age of the eldest spouse/partner will determine the age for the calendar year.

CANDIDATE INFORMATION

Primary Candidate _____ Mr. Mrs. Ms. Dr.

Preferred Name _____ Other _____ Date of Birth ____/____/____

Home Address: _____

Number & Street

City, State & Zip

Home Phone _____ Cell Phone _____ Preferred Email _____

SPOUSE/PARTNER INFORMATION

Spouse/Partner _____ Mr. Mrs. Ms. Dr.

Preferred Name _____ Other _____ Date of Birth ____/____/____

Cell Phone _____ Preferred Email _____

DEPENDENTS

_____ Yes I/We have dependents as indicated below

_____ No I/We do not have dependents residing with us

Name(s)

Date of Birth

Charge Privileges

____/____/____ Son Daughter Yes No

____/____/____ Son Daughter Yes No

____/____/____ Son Daughter Yes No

____/____/____ Son Daughter Yes No

MEMBER REFERRAL

Member Who Referred me/us is _____

ACCOUNTING OPTIONS

Alexandria Golf Club offers three forms of payments for monthly statements. Please review the following information and select the option you wish for your account.

_____ Auto Debit – Automatic withdrawal from a checking or savings account on the 10th of each month

**Please attach a voided check to this application*

_____ Cash or Check – due on the 29th of each month

_____ Debit/Credit Card – Credit Card Payments are accepted on the Member Portal or in our Business Office

**Subject to a 2.89% processing fee*

If you have any questions about these options, please contact our Business Office by calling 320.763.3605 Ext. 3.

ADDITIONAL MEMBERSHIP OPPORTUNITIES

- _____ USGA GHIN Handicap
*USGA Handicaps are required in order to participate in Club tournaments & leagues.
 Fee: \$40.00 (Adult) / \$10.00 (Junior-18 years & under)
 Billed annually in June. Opt-out deadline: May 1st*

- _____ Women’s Golf Association
*Enjoy WGA for a fee of \$35.00
 Billed annually in December*

- _____ Club Storage
Store your Clubs at Alexandria Golf Club. Annual fee - \$65 per bag

- _____ Private Locker
*Full & Half Lockers available in the Men’s and Women’s Locker Room
 \$30 Half Locker/\$40 Full Locker*

- _____ Cart Trackage (Private Cart) & Cart Lease (AGC Cart) Available
**Please inquire with the Pro Shop*

TERMS AND CONDITIONS

1. **Membership Provisions.** I acknowledge receipt of, and agree by execution of this Membership Agreement, that upon the written acceptance by the Club of this Membership Agreement to be bound by the terms and conditions of the following: (i) this Membership Agreement, and (ii) the following as they may be amended from time to time at the sole and absolute discretion of the Board of Directors; (a) the Alexandria Golf Club Member Handbook, (b) the Club By-Laws, (c) the Schedule of Dues and Fees, and (d) such other policies and practices which may be implemented from time to time by the Club. I further acknowledge that membership in the Club is subject to suspension or termination for failure to abide by the terms and conditions contained in this Membership Agreement or any from the Member Handbook.
2. **Payment of Dues, Fees and Charges:** I understand that I am responsible for the prompt payment of all deposits, fees and charges incurred in connection with my Club membership/account, including any fees or charges incurred by my spouse/partner, my immediate family members and guests, and agree to pay such fees and charges in a timely manner upon billing. All dues, fees and charges are billed directly to me as the Club member. I understand that payment shall be due on the 29th of each month and that my Club account shall be considered delinquent if not paid within thirty (30) days after the date of the monthly statement or the date that any other amount is due the Club and will be subject to a one and one-half percent (1.5%) late charge per month.
3. **Terms:** This agreement shall be for a term ending December 31st and will renew annually unless the Club receives a thirty (30) day written notice prior to resigning.
4. **Assumption of Risk.** The undersigned hereby acknowledges that the use of the Club Facilities and any privilege or service incident to membership is undertaken with knowledge of risk of possible injury. The undersigned hereby accepts any and all risk of injury to myself, my guests and my family sustained while using the Club Facilities or involved in any event or activity incident to membership in the Club. In accepting the risk of injury, I understand that I am relieving the Club, its affiliates, their successors and assigns and their respective directors, officers, partners, shareholders, employees and agents and the members of any board of the Club and any Club committee from any and all loss, cost, claims, injury, damages or liability sustained or incurred by me, my guests and my family resulting from or arising out of any conduct or omission by the Club, all Club employees while on duty and any other agent or representative of the Club for any conduct or event occurring on the Club premises or connected with membership in the Club, use of any of the Club Facilities or participation in any Club event.

I/We agree to abide by all terms and conditions as stated above and those outlined in the Member Handbook.

**The Member Handbook may be modified at any time by the Board of Directors.*

If the Applicant is married, both the Applicant and his/her spouse/partner must also sign below.

Signature of Primary Applicant	Printed Name	Date
Signature of Spouse/Partner	Printed Name	Date