

Application and Agreement for Signature Gold Unlimited through Saugahatchee Country Club

Mr	Mrs	Ms	Dr	Member Number:
Member	Name:			
Spouse N	Vame:			
Email Ac	ddress(es): _			
Depende	nt:			Date of birth:
Depende	nt:			Date of birth:
Primary A	Address Info	rmation:		
Home Str	reet Address	(No P.O B	ox):	
City, Stat	te, Country, Z	Zip Code: _		
Home Ph	none Number	:		Cell Phone Number:
Second Home Street Address (if applicable): City, State, Zip Code				
Company	y Name:		 	
Company	y Address:			
Business	Phone Num	ber:		
upgrading http://www.Condition of the Sig Facilities be paid by agree that immediate allowed b Participati	to this bend w.clubcorp.com s, are incorporation and the comparison of the without prior report of the comparison of the	efit, I unde m/ClubCorporated herein Unlimited photice. By signard or other gahatchee Cound if the control to conform as they may	rstand that my -Network/About by reference, a rogram, Assoc gning below, I ar form of paymountry Club medit card comparts and be bout	re Gold Unlimited Associate Club program offered through Saugahatchee Country Club. By y privileges are subject to the benefit terms and conditions, which are available at but-the-ClubCorp-Network/My-World/Signature-Gold-Unlimited/Signature-Gold-Terms-and may be amended from time to time without prior notice. I agree that the administrator ciate Clubs International (ACI), may add or subtract Participating Clubs or Participating acknowledge that all charges for services that are required to be paid at time of service must ment acceptable to the Participating Club or Participating Facility. Should I fail to do so, I may terminate my participation in the Signature Gold Unlimited Associate Club program can rejects any charges, I may be subject to reasonable collection fees and late charges as and by the Membership Bylaws and Rules and Regulations of all Participating Clubs and from time to time. The above authorizations shall remain in effect for so long as I am gram.
Authoriz	ed Signature	:		Date