

CANEBRAKE CLUB

CORPORATE MEMBERSHIP AGREEMENT

CORPORATE INFORMATION

Name of Corporation/Partnership: _____

Type of Entity: _____ Date of Formation: _____

Principal Business Interests: _____

Entity Officer: _____ Title: _____

Entity Officer: _____ Title: _____

Entity Officer: _____ Title: _____

Entity Officer: _____ Title: _____

Office Address: _____

Billing Address: _____

Business Email Address: _____

Phone number: _____ Fax Number: _____

Contact Person: _____

I hereby authorize the following persons as designees for this corporate membership. I understand that all fees and expenses incurred by said designees will be the responsibility of the signing entity. Further, in signing this, I acknowledge that I will provide a copy of this agreement to said designees and duly inform them that all responsibilities and regulations in this agreement pertain to the signing entity as well as the designees.

Designee #1: _____

Designee #2: _____

Designee #3: _____

Designee #4: _____

Designee #1 _____

PERSONAL INFORMATION

Applicant's Name: _____

Social Security Number: _____ Birth Date: _____

Spouse's Name: _____

Security Number: _____ Birth Date _____

Local Address:

Street: _____

City: _____ State: _____ Zip code: _____

Out of Town Address:

Street: _____

City: _____ State: _____ Zip code: _____

Billing Address:

Street: _____

City: _____ State: _____ Zip code: _____

Residence Telephone: _____

Member Cell Number: _____ Email: _____

Spouse Cell Number: _____ Email: _____

Wedding Anniversary: _____

Children:	<u>Name</u>	<u>Birth Date</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Automobiles:

Make _____ Color _____ Year _____ License Number _____

Make _____ Color _____ Year _____ License Number _____

Make _____ Color _____ Year _____ License Number _____ (over)

BUSINESS

Applicant's Company Name: _____ Title: _____

Years in Present Employment _____ Retired ()

Business Address:

Street: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

Fax Number: _____

Spouse's Company Name: _____ Title: _____

Years in Present Employment _____ Retired ()

Business Address:

Street: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

Fax Number: _____

BANK

Name of Institution: _____

Address: _____

Officer to Contact: _____

Phone Number: _____

MEMBERSHIP IN OTHER CLUBS

Name of Club / Organization: _____

Year Accepted: _____ Phone Number: _____ Contact Person: _____

Name of Club / Organization: _____

Year Accepted: _____ Phone Number: _____ Contact Person: _____

PERSONAL REFERENCES

1. Name: _____

Address: _____

Phone Number: _____ Years Known: _____

2. Name: _____

Address: _____

Phone Number: _____ Years Known: _____

PAYMENT OF DUES, FEES, AND CHARGES

I hereby acknowledge that all dues, fees, and charges for food, beverage, merchandise and services of Canebrake Golf Club (the "Club") which if not paid in cash, will be charged either to my credit card or Club account. Please select either Option 1 or Option 2, as provided below.

Option 1: () Please bill my Club account as provided below

I understand that payment shall be due upon receipt each month and that my Club account shall be considered delinquent if not paid by the 25th of the month and subject to a one and one-half percent (1.5%) late charge per month from the date of the monthly statement until paid in full. I acknowledge that the Club may take whatever action it deems necessary to affect collection, including without limitation, suspension or termination of my membership or legal action, and the member shall be liable for all costs and for any expenses of such legal action and reasonable attorneys' fees, including any fees required in connection with appellate proceedings.

Option 2: () Please bill my credit card as provided below

I authorize any and all charges incurred on my account with the Club to be charged to the credit card listed below. I certify that the below listed card is issued to me and agree that all disputes on my credit card account relating to the Club will be promptly brought to the Club's attention. I understand that I am obligated to keep a valid approved credit card on file with the Club at all times.

Credit Card Type: _____

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____

Designee #2

PERSONAL INFORMATION

Applicant's Name: _____

Social Security Number: _____ Birth Date: _____

Spouse's Name: _____

Security Number: _____ Birth Date _____

Local Address:

Street: _____

City: _____ State: _____ Zip code: _____

Out of Town Address:

Street: _____

City: _____ State: _____ Zip code: _____

Billing Address:

Street: _____

City: _____ State: _____ Zip code: _____

Residence Telephone: _____

Member Cell Number: _____ Email: _____

Spouse Cell Number: _____ Email: _____

Wedding Anniversary: _____

Children:	<u>Name</u>	<u>Birth Date</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Automobiles:
Make _____ Color _____ Year _____ License Number _____

Make _____ Color _____ Year _____ License Number _____

Make _____ Color _____ Year _____ License Number _____ (over)

BUSINESS

Applicant's Company Name: _____ Title: _____

Years in Present Employment _____ Retired ()

Business Address:

Street: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

Fax Number: _____

Spouse's Company Name: _____ Title: _____

Years in Present Employment _____ Retired ()

Business Address:

Street: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

Fax Number: _____

BANK

Name of Institution: _____

Address: _____

Officer to Contact: _____

Phone Number:

MEMBERSHIP IN OTHER CLUBS

Name of Club / Organization:

Year Accepted: _____ Phone Number: _____ Contact Person: _____

Name of Club / Organization:

Year Accepted: _____ Phone Number: _____ Contact Person: _____

PERSONAL REFERENCES

1. Name: _____

Address: _____

Phone Number: _____ Years Known: _____

2. Name: _____

Address: _____

Phone Number: _____ Years Known: _____

PAYMENT OF DUES, FEES, AND CHARGES

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Option 2: () Please bill my credit card as provided below

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Credit Card Type: _____

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____

Designee #3

PERSONAL INFORMATION

Applicant's Name: _____

Social Security Number: _____ Birth Date: _____

Spouse's Name: _____

Security Number: _____ Birth Date _____

Local Address:

Street: _____

City: _____ State: _____ Zip code: _____

Out of Town Address:

Street: _____

City: _____ State: _____ Zip code: _____

Billing Address:

Street: _____

City: _____ State: _____ Zip code: _____

Residence Telephone: _____

Member Cell Number: _____ Email: _____

Spouse Cell Number: _____ Email: _____

Wedding Anniversary: _____

Children:	<u>Name</u>	<u>Birth Date</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Automobiles:

Make _____ Color _____ Year _____ License Number _____

Make _____ Color _____ Year _____ License Number _____

Make _____ Color _____ Year _____ License Number _____ (over)

BUSINESS

Applicant's Company Name: _____ Title: _____

Years in Present Employment _____ Retired ()

Business Address:

Street: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

Fax Number: _____

Spouse's Company Name: _____ Title: _____

Years in Present Employment _____ Retired ()

Business Address:

Street: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

Fax Number: _____

BANK

Name of Institution: _____

Address: _____

Officer to Contact: _____

Phone Number:

MEMBERSHIP IN OTHER CLUBS

Name of Club / Organization:

Year Accepted: _____ Phone Number: _____ Contact Person: _____

Name of Club / Organization:

Year Accepted: _____ Phone Number: _____ Contact Person: _____

PERSONAL REFERENCES

1. Name: _____

Address: _____

Phone Number: _____ Years Known:

2. Name: _____

Address: _____

Phone Number: _____ Years Known:

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Option 2: () Please bill my credit card as provided below

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Credit Card Type: _____

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____

Designee #4

PERSONAL INFORMATION

Applicant's Name: _____

Social Security Number: _____ Birth Date: _____

Spouse's Name: _____

Security Number: _____ Birth Date _____

Local Address:

Street: _____

City: _____ State: _____ Zip code: _____

Out of Town Address:

Street: _____

City: _____ State: _____ Zip code: _____

Billing Address:

Street: _____

City: _____ State: _____ Zip code: _____

Residence Telephone: _____

Member Cell Number: _____ Email: _____

Spouse Cell Number: _____ Email: _____

Wedding Anniversary: _____

Children:	<u>Name</u>	<u>Birth Date</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Automobiles:
Make _____ Color _____ Year _____ License Number _____
Make _____ Color _____ Year _____ License Number _____

Make _____ Color _____ Year _____ License Number _____ (over)

BUSINESS

Applicant's Company Name: _____ Title: _____

Years in Present Employment _____ Retired ()

Business Address:

Street: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

Fax Number: _____

Spouse's Company Name: _____ Title: _____

Years in Present Employment _____ Retired ()

Business Address:

Street: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

Fax Number: _____

BANK

Name of Institution: _____

Address: _____

Officer to Contact: _____

Phone Number:

MEMBERSHIP IN OTHER CLUBS

Name of Club / Organization:

Year Accepted: _____ Phone Number: _____ Contact Person: _____

Name of Club / Organization:

Year Accepted: _____ Phone Number: _____ Contact Person: _____

PERSONAL REFERENCES

1. Name: _____

Address: _____

Phone Number: _____ Years Known: _____

2. Name: _____

Address: _____

Phone Number: _____ Years Known: _____

PAYMENT OF DUES, FEES, AND CHARGES

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Option 2: () Please bill my credit card as provided below

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Credit Card Type: _____

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____

MEMBERSHIP CATEGORY

() Corporate Membership Initiation fee received _____

In the event a Member desires to resign the membership, the process will be handled as follows:

- a. Member must give a thirty-day written notice of intent to resign.
- b. Member is obligated to pay monthly dues through that thirty-day period.
- c. A membership terminated by the Club for disciplinary cause shall be deemed resigned.

The undersigned acknowledges that membership in the Club permits the Member to use the Club Facilities referred to in the Membership Plan in accordance with the Membership Plan and the Rules and Regulations for the Club. Membership in the Club is not an investment in the prescriptive right in or to use the Club or its facilities. A Member only may acquire a revocable license to use the Club Facilities in accordance with the terms and conditions of the Membership Plan and the Rules and Regulations of the Club as the same may be amended from time to time. The Club reserves the right, in its sole discretion, to reserve memberships, to discontinue operations of any or all of the Club Facilities, to sell, lease or otherwise dispose of the Club Facilities in any manner whatsoever and to any person whosoever, to terminate or modify the Membership Plan and the Rules and Regulations of the Club, to issue, modify or terminate any or all categories of membership, to increase or decrease the number of memberships, to convert the Club into a member owned club, and to make any other changes in the terms and conditions of the membership or the Club Facilities available for use by Members.

I hereby acknowledge that the use of the Club Facilities and any privileges and services included in my Membership Plan is undertaken with knowledge of risk of possible injury. I hereby accept any and all injury to my guests, my family and myself sustained while using the Club Facilities or while attending any event or activity incident to membership in the Club. In accepting the risk of injury, I understand and am relieving Canebrake Club, L.L.C., a Delaware Limited Liability Company (Canebrake) and its directors, officers, partners, shareholders, employees, agents and affiliates and the Members of the Board of Governors of the Club and any Club committee from any and all loss, cost, claims, damages or liability sustained or incurred by me, my guests and my family resulting from any conduct or event connected with membership in the Club and use of any of the Club Facilities.

I hereby acknowledge receipt of the Canebrake Golf Club Rules and Regulations and that I have read and understand them, and agree to be bound by the terms and conditions thereof as the same rights be amended from time to time by the Club. I hereby agree to pay the appropriate membership dues and monthly food minimum of membership indicated above. Upon signing this Agreement, I authorize the disclosure and release of information requested by the Club for investigating my qualifications for membership.

We will not disclose your nonpublic, personal information unless authorized by you or allowed by law. We also restrict access to information about you to those employees who need to know that information to provide products or services to you.

Canebrake Golf Club, L.L.C.

By: _____
 Authorized Representative

Date: _____

Corporate Member (s)

By: _____

By: _____

By: _____

By: _____

Date: _____