



## Collegiate Membership Application

### CONTACT INFORMATION

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_

College/University: \_\_\_\_\_

Email: \_\_\_\_\_

Freshman  Sophomore  JR  SR  Grad Student

Phone #: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

#### School Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

#### Home/Current Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Please mail my membership card to:  School  Home/Current

Please read and initial the following statements. By initialing these statements, you are agreeing to abide by these policies. Failure to comply with these policies will result in the termination of your membership.

I am a student between the ages of 18 and 25.

I understand that I must show my student ID and membership card when using the club; furthermore, I understand that if I do not have both my membership card and student ID that I will not be allowed to use the club. Replacement cards are \$10 and must be obtained in person.

I understand that I must adhere to the dress code at all times.

I understand that once my membership application has been processed, the annual fee is non-refundable, regardless of use.

I understand that misuse of membership privileges, facilities, or inappropriate behavior will result in immediate termination, and my annual fee will be forfeited.

**PAYMENT INFORMATION**

\_\_\_ Credit Card \_\_\_ Check (Check Number: \_\_\_\_\_) \_\_\_ Cash

Card Number: \_\_\_\_\_ Expiration

Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

By signing above, you not only agree to abide by all club policies, but you agree to pay the annual fee and understand that once your membership has been processed, the \$200 fee is non-refundable.

Are you on Facebook? \_\_\_ Yes \_\_\_ No

If so, Follow us on Facebook for News and Specials: A.A.G. GOLF GROUP

**REFERRING MEMBER** (a member referral is not required)

In order to receive any member incentive award for a member referral, the referring member must be listed on the application

Member Name: \_\_\_\_\_ Member

Number: \_\_\_\_\_

**REFER A FRIEND**

Do you know someone who might be interested in a Collegiate Membership?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please return this application with payment via fax or mail:

Fax Number: 864-225-2086

Mail to: A.A.G. Golf Group

**Attn: Tamera : Collegiate Membership**

**1607 West Market St.  
Anderson, S.C. 29624**

\*Please note, applications sent via fax or mail may take up to 5 business days to process. Once an application has been processed, it may take up to 5 business days to receive your membership card

aaggolfgroup.com

**For office use only**

Date application was completed by member: \_\_\_\_\_

Date application was processed: \_\_\_\_\_ Member Number \_\_\_\_\_