

# Shadowmoss Golf & Country Club Membership Application

**Office Use Only**

Membership# \_\_\_\_\_ Effective Date \_\_\_\_\_ Initiation Fee - \$750 (Non-Refundable)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Phone \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Spouse Phone \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E Mail \_\_\_\_\_

**Credit Card Information**

Name \_\_\_\_\_ Type \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_ (Initials) I understand that if payment has not been made to my account by the 25th day of the month that Golf Wheels, Inc. will charge payment to my credit card on the last business day of the month, and I hereby authorize them to do so. I agree to notify Golf Wheels, Inc. immediately of changes to my credit card that would affect this agreement.

Type of Membership:

- |        |        |                   |                   |
|--------|--------|-------------------|-------------------|
| Single | Family | Young Exec-Single | Young Exec-Family |
| Winter | Junior | Nautilus-Single   | Nautilus-Family   |

Dependents: Under 18 or under 21 if enrolled full time in college

Name	M/F	Date of Birth	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I was asked to join by: \_\_\_\_\_ Member# \_\_\_\_\_

If you want to keep a handicap at Shadowmoss, please email JP Ringer at [golfpro@shadowmossgolf.com](mailto:golfpro@shadowmossgolf.com) or call Joseph King at 843-556-8251.

\_\_\_\_\_ (Initials) All cancelled memberships must complete a Request for Resignation form and submit the form to the business office. Dues, charges, and fees will continue to accrue until a signed form is received by Shadowmoss GC. No other form of written notice is acceptable.