

# 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 \_\_\_\_\_  
 CVV \_\_\_\_\_

\_\_\_\_\_ (Initials) I understand that if payment has not been made to my account by the 17th day of the month that Golf Wheels, Inc. will charge payment to my ACH/credit card on the 18th 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 or ACH 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.