



# Country Club

## Application for Membership

4300 South Shore Boulevard, League City, TX 77573  
(281) 334-0521 [www.SSHGolf.com](http://www.SSHGolf.com)

I hereby apply for Membership, and the resultant rights and privileges therein.

**CANDIDATE INFORMATION**

Mr.  Mrs.  Ms.  Miss  Dr.

Name (Please Print) \_\_\_\_\_  
(Undersigned)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Marital Status  Single  Married  Other E-mail \_\_\_\_\_

Anniversary Date \_\_\_\_\_ \*Valid driver's license to be

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ submitted at time of application

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_ (Years)

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**MAILING INFORMATION:** Statements  Home  Business Newsletter & Other  Home  Business

**SPOUSE INFORMATION**

Mr.  Mrs.  Ms  Miss  Dr.

Spouse's Name (Please Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Co-applicant)

Preferred Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Spouse's Driver's License \_\_\_\_\_ State \_\_\_\_\_

Spouse's Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_ (Years)

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

I would like my name, address, home and business telephone numbers to appear in the membership directory. (If this statement is not answered, information will not be placed in directory),  Yes  No

**DEPENDENT INFORMATION** (unmarried children under 21 (age 23 if attending college full-time) who live at home)

Date of Birth  
Sex

Charge  
Privileges

Name

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Yes  No

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Yes  No

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Yes  No

**MEMBERSHIP INFORMATION**

I am applying for Membership in the following category (refer to enclosed Schedule of Membership Classifications and Fees:

- Full Privilege Golf                       Classic Golf Membership                       Associate Golf Membership
- Social Membership

**INITIATION FEES AND DUES**

Initiation Fee: \$\_\_\_\_\_ (non-refundable)

Monthly Dues: \$\_\_\_\_\_

(Dues are subject to change at the sole discretion of the Club.)

**REFERENCES & OTHER CLUB AFFILIATIONS**

**PERSONAL REFERENCES**

My Member sponsor is: \_\_\_\_\_

Other personal references (can be non-Members, Employer, Business Acquaintance, Neighbor, Etc.): Business Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

**OTHER CLUB AFFILITATIONS**

Club Name	City	Length of Membership
1, _____	_____	_____ years
2, _____	_____	_____ years

**CORPORATE MEMBERSHIPS (IF APPLICABLE)**

Corporate Memberships are held by the corporation or firm. A designee is named by the Corporate Membership holder as the person entitled to use the Membership ("Undersigned"). There shall be only one designee for each Membership, but the designee may be changed from time to time subject to the approval of Club Management and/or the Admissions Committee and payment of the appropriate transfer fee (as of the date of change). The Membership card will be issued in the name of the approved designee.

As a duly authorized officer of the company named, the undersigned officer certifies and agrees said company is co-responsible with the individual designee for all dues and charges incurred by its designee.

\_\_\_\_\_  
(Full Name of Company)

\_\_\_\_\_  
(Officer's Signature)

\_\_\_\_\_  
(Title)

If application is for a corporate change of designee, please fill in the following:

Previous designee \_\_\_\_\_ Membership No. \_\_\_\_\_

**RESIGNATION**

It is agreed that a Member may resign from the Club by giving written notice to the Club Management on or before the end of the month. All accrued dues and other charges for which Member is liable are due upon the effective date of resignation, that date being the last day of the month following the month in which written notice is received.

Membership Dues are not prorated. Membership does not confer any ownership of the Club property or assets. It is further agreed that a Member may not offset dues and charges against the initiation fee.





Country Club 4300 South Shore Boulevard, League City, Texas 77573 (281) 334-0521

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### AUTOMATIC BANK DRAFT FORM

We require automatic bank draft whereby your payments will be electronically transferred directly to us each month.

**Your Security:**

We know that you are concerned about your security; so are we. SSHCC uses highly reliable Secure Socket Layer (SSL) technology to encrypt and secure your confidential information.

Return completed form below along with a voided check for the account you wish SSHCC to draft, please verify your ABA routing number and account number with your banking institution. (No deposit slips, please) The Automatic Bank Draft is scheduled for the 10th of every month, for your statement dated the last day of the previous month.

Bank Name: \_\_\_\_\_

ABA/ routing number: \_\_\_\_\_

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

This is a:             Savings account       Checking account      (please check one)

### AUTOMATIC BANK DRAFT

By entering my signature and submitting this enrollment form, I hereby give SSHCC all authority to debit my bank account for the purpose of paying all amounts due, when due, for the SSHCC Membership accounts identified below.

\*Please note that not all Credit Unions or Savings and Loans provide for drafting of checking accounts, contact yours to see if his service is available,

Account Holder: \_\_\_\_\_

(Joint Account Holder if applicable) \_\_\_\_\_

SSHCC Membership # \_\_\_\_\_ Phone Number: \_\_\_\_\_

### RETURN THIS FORM TO:

South Shore Harbour Country Club, 4300 South Shore Blvd., League City, Texas 77573



## Membership Additions

### **Monthly:**

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> Unlimited Cart Plan   | \$125.00/\$100.00* |
| <input type="checkbox"/> Private Cart Trail Fee<br>(requires Private Cart Agreement) | \$100.00/\$75.00*  |
| <input type="checkbox"/> Men's Locker  | \$ 10.00           |
| <input type="checkbox"/> Women's Locker  | \$10.00            |

### **Annually:**

- |   |                  |
|---|------------------|
| <input type="checkbox"/> Ladies Golf Association<br>(billed and collected by LGA) | \$60.00 (no tax) |
| <input type="checkbox"/> Men's Golf Association                                   | \$60.00 (no tax) |
| <input type="checkbox"/> Handicap (per player)                                    | \$30.00          |

### **Per Occurrence:**

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Hole in One Club | \$5.00 (no tax) |
|---|-----------------|

I/We the undersigned would like to enroll in the above noted Club Services or Associations.

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Signature of Primary Candidate:

Date

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Signature of Spouse:

Date

\*Denotes Introductory pricing available to existing Members converting prior to 1/31/22.  
pricing subject to change at the Club's sole discretion