



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Castlewoods Rep.

\_\_\_\_\_  
Date

**Membership Application**  
(Continued)

**NO ASSESSMENTS, ASSUMPTIONS OF LIABILITY OR OWNERSHIP:**

My liabilities in membership are limited to payment of the appropriate initiation fees plus membership dues and charges incurred by me, or my family and guests in the use of the Club. Fees, dues and classifications are set by the Owner and may change from time to time. By signing below, I agree to pay my account in full within the month that the statement is issued. I understand that if not paid during the month issued then I will be charged a \$20 late fee per month thereafter. If my account balance becomes over 45 days delinquent, the Club is authorized to bill my credit card for the past due balance. Persons granted membership privileges have no ownership, proprietary or equity rights of any kind in the Club or any of its properties or facilities and shall not have any responsibility for its debts or operational expenses of any kind.

**Castlewoods Country Club** is a non-equity, private club owned by Castlewoods Group, LLC. Membership privileges to the Club are subject to the Rules and Regulations established by the Owner. Regardless of the use of funds paid by persons granted membership privileges, all ownership of the golf course and other Club facilities and the operation thereof is and will remain vested solely in the Owner. I do accept responsibility for the reasonable care of Club facilities and equipment in their use by me, my family and guests.

**RESIGNATION:**

I may resign from the Club by giving thirty (30) days advance written notice to the Club and by paying any dues or other charges which I may be liable. No prorations of dues for a partial month or initiation fees will be refundable to a member resigning from the Club. No cancellations/resignations shall be retroactive. I also agree that as a new member that I am under a minimum twelve month contract and that if I resign before the end of twelve months, that I shall pay the remainder of the months owed.

**INITIATION FEE:**

My fee in the amount of \$ \_\_\_\_\_ accompanies this application. It is agreed that if this application is not approved by the Club, all funds deposited herewith shall be immediately refunded, and this application shall be terminated.

**BY-LAW:**

I agree that this membership, and all other family members and guests using the Club, hereunder agree to comply with all the by-laws and Rules and Regulations of the Club.

**ACCEPTANCE:**

By my signature below, I hereby make application for membership to the Castlewoods Country Club.

(    ) initial here. If my account balance becomes over 45 days delinquent, the Club is authorized to bill my credit card for the past due balance.

Signature \_\_\_\_\_ applied this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Accepted \_\_\_\_\_ accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Membership No. \_\_\_\_\_

403 Bradford Drive, Brandon, MS 39047 (601) 992-1942 FAX (601) 992-3518 [www.castlewoodscountryclub.com](http://www.castlewoodscountryclub.com)