

Membership Application

Name _____ Date of Birth _____

Home Address _____ City & State _____

Zip _____ Home & Cell phone _____

Email _____

Spouses Name _____

Type of Membership:

Social _____ OR Social & Golf _____ ~~~~~ Single _____ Family _____ College _____

Young Adult 19-29 _____ Adult 30-35 _____ Active 36+ _____ Over 80 _____ Non Resident _____

Name and date of birth of children who may use membership charge:

This application must be turned into the LCC Office along with a check covering the first month of membership dues and assessments. Dues may be paid in full or broke into quarterly or monthly payments. Membership will run January thru December or June thru June depending on when you join LCC.

Please list one or two members who helped you decide to join LCC:

Proposed by _____

Proposed by _____

Upon acceptance of membership at LCC, I affirm that I will abide by the Bylaws of the Club and the rules and regulations that are passed by the duly constituted Governance of the Club; and accept it as my sole responsibility to remain informed of such Bylaws and Rules and Regulations. Any request for change in membership status after initial acceptance must be submitted in writing to the President of our Board of Directors and turned in to the Club office.

Applicant Signature _____ Date _____