



# Membership Application

Date:

First Name  Last Name  DOB  Gender

Home Phone  Cell Phone  Email

Street Address  City  State  Zip

**Membership Level:**  Residential  Full-Golf  Corporate

Statements are emailed monthly.  
For autopay, provide credit card information:

Name on card:

Card Number  Exp. Date:

## Membership Includes:

<u>Name</u>	<u>Name</u>	<u>Name</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Relationship</u>	<u>Relationship</u>	<u>Relationship</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>DOB</u>	<u>DOB</u>	<u>DOB</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Phone</u>	<u>Phone</u>	<u>Phone</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Email</u>	<u>Email</u>	<u>Email</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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