



Membership Application

TREASURE OAK COUNTRY CLUB

2105 Bienville Boulevard
Ocean Springs, MS 39564

I hereby apply for membership in Treasure Oak Country Club. If accepted, I agree to abide by the rules, regulations and by-laws of the club. I agree to complete the Authorization Agreement for ACH Transactions and to have my membership fees and charges I make on my TOCC Member account to be automatically deducted from my bank account.

1st Applicant: _____

2nd Applicant: _____

Signature of one Applicant: _____

Date: _____

Endorsements: The undersigned Active club members sponsor this application. (Only one sponsor per household.)

Primary Sponsor: _____

Signature: _____

Co-Sponsor: _____

Signature: _____

Co-Sponsor: _____

Signature: _____

Note: A \$100 application fee must be submitted with this completed form. This fee is non-refundable once the applicant is approved by the general membership. When applicant becomes a member, this fee will be applied toward the initiation fee. A \$100 application fee is not required if converting from a Trial Membership.

Please check the type of membership desired:

- | | |
|-----------------------------|------------------------------------|
| _____ Active | _____ Trial (One Year Maximum) |
| _____ Corporate/Business | _____ Out of Area |
| _____ Competitive Jr Tennis | _____ Junior Associate (Under 35) |
| _____ Military Associate | _____ Senior 55/60 |
| _____ Other | _____ Active from Trial Membership |

Mailing Address: _____

Personal Information

1st Applicant

2nd Applicant

Email Address	_____	_____
Telephone (Mobile)	_____	_____
Home Phone	_____	_____
Date of Birth	_____	_____
Employer	_____	_____
Position	_____	_____
Work Telephone	_____	_____
Current NTRP (Tennis) Rating	_____	_____

Dependent Children Information

Name	_____	Date of Birth	_____
Name	_____	Date of Birth	_____
Name	_____	Date of Birth	_____
Name	_____	Date of Birth	_____
Name	_____	Date of Birth	_____

Please list any club members who are relatives and indicate relationship:

Name	_____	Relationship	_____
Name	_____	Relationship	_____
Name	_____	Relationship	_____
Name	_____	Relationship	_____
Name	_____	Relationship	_____

FOR OFFICE USE ONLY –

Application received on ____/____/____ by _____

Application fee included: _____ Completed ACH Agreement: _____

Action on application by Board of Directors: _____ Signature, Board of Directors: _____

Date of notice to general membership: _____

Objections received: _____ Resolution of objections: _____



ACH Agreement

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AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

*Name on TOCC Membership Account: _____

*Address on Statement Account: _____

*Current Email address you want your monthly statement emailed to:

*Telephone Number: () _____

*required information

Check only the transaction requested.

ACH DEBIT – PAYMENT FROM **CHECKING** ACCOUNT

I (we) hereby authorize *Treasure Oak Country Club*, hereinafter called TOCC, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) CHECKING account indicated below and the depository named below, hereinafter called BANK, to debit and/or credit the same to such account.

ACH DEBIT – PAYMENT FROM **SAVINGS** ACCOUNT

I (we) hereby authorize *Treasure Oak Country Club*, hereinafter called TOCC, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) SAVINGS account indicated below and the depository named below, hereinafter called BANK, to debit and/or credit the same to such account.

Complete all information

Bank Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA #: _____

Account #: _____

Name on the Bank Account (Please Print) _____

Date: _____ ID Number/SSN: _____

Signature: _____

PLEASE STAPLE YOUR VOIDED CHECK HERE