

Initiation/Cancellation Fee Agreement

To join Tupelo National Golf Club, applicants must agree to maintain membership for a minimum period of 12 months. Cart, range, locker, handicap and any additional options are eligible to add or subtract at any time during the membership.

If for some reason the member wishes to terminate their membership prior to the end of the 12 month period; he/she must pay any remaining 12 month balance to Tupelo National Golf Club before the termination will take effect.

Cancellation of membership at ANY TIME must be requested in writing. Verbal cancellation of membership will not be a binding agreement. Only a written notice **provided 30 days prior to termination** will be a viable form of cancellation. Early cancellation due to loss of job and/or moving more than 30 miles can make the 12 month contract void with required documentation.

As an applicant to Tupelo National Golf Club, I agree to abide by the terms of membership outlined above. If for some reason I decide to terminate my membership prior to the 12 month period, I understand that I will owe the remaining balance in order to terminate this agreement.

\_\_\_\_\_ Applicant

\_\_\_\_\_ Tupelo National Golf Club

\_\_\_\_\_ Date

\_\_\_\_\_ Date



**Tupelo National**  
**GOLF CLUB**

**Membership**  
**Application**

**3841 Big Oaks Blvd. Saltillo, MS 38866**  
**P: (662) 844-8002 F: (662) 844-0502**  
**[www.tupelonational.com](http://www.tupelonational.com)**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

Employed \_\_\_\_\_  
By: \_\_\_\_\_ Email: \_\_\_\_\_

Bus. Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

Spouse's Name \_\_\_\_\_ Spouses DOB \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Family Members included in Family Membership:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual paid members (12 months) will receive 1 month free

Total for annual paid options \$ \_\_\_\_\_.

Monthly Single Walking \$140 \_\_\_\_\_ Monthly Family Walking \$235 \_\_\_\_\_

Monthly Single w/ Cart \$215 unlimited seat, not cart \_\_\_\_\_ Monthly Family w/ Cart \$385 \_\_\_\_\_

Monthly M-Th 55+yrs \$160 \_\_\_\_\_ Monthly Junior 5-15 Walk \$100 \_\_\_\_\_

Monthly Couple Walking \$200 \_\_\_\_\_ Monthly Locker (mens) \$10 \_\_\_\_\_

Monthly Couple w/ Cart \$305 \_\_\_\_\_ Monthly Single w/ Cart 100+ Miles \$160 \_\_\_\_\_

The undersigned hereby applies for membership to **TUPELO NATIONAL GOLF CLUB** and agrees to abide by all existing and future Rules and Regulations. Applicant understands that s/he shall not be entitled to any Club privileges until after all applicable fees have been paid. Applicant also understands that s/he, and anyone in his/her family, must have a valid driver's license in order to operate golf cart at Tupelo National Golf Club. Applicant will be responsible for any damages sustained to such cart while being operated by him/her or a family member. Applicant agrees to pay for all dues and/or charges within 10 days after receipt of statement, and further agrees to pay all costs, including reasonable attorney fees, expenses and court costs, incurred in the collection of my indebtedness.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Options:

Bank Draft \_\_\_\_\_ Credit Card \_\_\_\_\_ Debit Card \_\_\_\_\_

Tupelo National Golf Club Automatic Consumer Withdrawal Authorization for Transfers of Varying Amounts  
Consumer Withdrawal Authorization

*I authorize Tupelo National Golf Club to instruct my financial institution to make my payments. I also understand I may discontinue this authorization at any time by giving written notice to Tupelo National Golf Club. I realize this information will be used solely for the purpose of consumer withdrawal.*

*The draft will be for your monthly dues and/or cart plan plus any charges that were made to your account. Your account will be drafted between the 1<sup>st</sup> and 10<sup>th</sup> of that month.*

Name (as appears on bill) \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Financial Institution / CC # \_\_\_\_\_ Security CDE \_\_\_\_\_

Routing #/Exp. \_\_\_\_\_ Account# \_\_\_\_\_

Singature \_\_\_\_\_ Date \_\_\_\_\_

Please attach a Voided Check if bank draft option

**FOR OFFICE USE ONLY:**

Date received: \_\_\_\_\_ Signed \_\_\_\_\_

Recommended By: \_\_\_\_\_ Monthly Dues: \_\_\_\_\_